2026 CSSA/USSSA ROSTER FORM

Clean and Sober Softball Association

(ANNUAL FEES: ADULT TEAMS $70.00) (INDEPENDENT TEAMS $150)

Team Name: _____ Name Last Season: _____
Manager's Name: _____ Cell Ph: (_)_____
Address: _____ Work Ph: (_____)_____
City: _____ State: _____ Zip: _____
City of League: _____ Manager/Coach E-Mail: _____
Division: _____ Classification: _____

TEAM MANAGER AND PLAYERS, READ THE FOLLOWINGSTATEMENT BEFORE COMPLETING AND SIGNING

In consideration of being permitted to participate in the CSSA & USSSA, I hereby agree for myself, heirs and assigns, release and forever discharge Clean & Sober Softball Association (CSSA) and United States Specialty Sports Association (USSSA), their employees, officers, and directors from all claims, actions or judgments I may have or claim to have against CSSA & USSSA for all personal injuries, including death, and injuries to property, real or personal, caused by an or arising out of my participation in the CSSA & USSSA - either Leagues or Tournaments. I further agree for myself, successors, heirs and assigns to indemnify and hold CSSA & USSSA harmless from all claims and suits for personal injuries, including death, damages to property caused by my act of omission arising out of participation in the CSSA & USSSA and from all judgments recovered and from all expenses incurred in defending said claims or suits. I further agree that my photographs, pictures or movies taken or made by CSSA & USSSA, their employees, officers, and directors, in connection with my participation in the CSSA & USSSA either League or Tournaments, or any reproduction of the same, as well as my name, may in any manner be used by CSSA & USSSA, or by any person, corporation, or association authorized by CSSA & USSSA. I am in good health and have no physical condition that would prevent me from participating in the CSSA & USSSA events.

I, UNDERSIGNED, HAVE READ AND UNDERSTAND THE FOREGOING RELEASE.

1. NAME:_____ CLEAN DATE: ____/____/____ SIGNATURE:_____
2. NAME:_____ CLEAN DATE: ____/____/____ SIGNATURE:_____
3. NAME:_____ CLEAN DATE: ____/____/____ SIGNATURE:_____
4. NAME:_____ CLEAN DATE: ____/____/____ SIGNATURE:_____
5. NAME:_____ CLEAN DATE: ____/____/____ SIGNATURE:_____
6. NAME:_____ CLEAN DATE: ____/____/____ SIGNATURE:_____
7. NAME:_____ CLEAN DATE: ____/____/____ SIGNATURE:_____
8. NAME:_____ CLEAN DATE: ____/____/____ SIGNATURE:_____
9. NAME:_____ CLEAN DATE: ____/____/____ SIGNATURE:_____
10. NAME:_____ CLEAN DATE: ____/____/____ SIGNATURE:_____
11. NAME:_____ CLEAN DATE: ____/____/____ SIGNATURE:_____
12. NAME:_____ CLEAN DATE: ____/____/____ SIGNATURE:_____
13. NAME:_____ CLEAN DATE: ____/____/____ SIGNATURE:_____
14. NAME:_____ CLEAN DATE: ____/____/____ SIGNATURE:_____
15. NAME:_____ CLEAN DATE: ____/____/____ SIGNATURE:_____
16. NAME:_____ CLEAN DATE: ____/____/____ SIGNATURE:_____
17. NAME:_____ CLEAN DATE: ____/____/____ SIGNATURE:_____
18. NAME:_____ CLEAN DATE: ____/____/____ SIGNATURE:_____
19. NAME:_____ CLEAN DATE: ____/____/____ SIGNATURE:_____
20. NAME:_____ CLEAN DATE: ____/____/____ SIGNATURE:_____

REQUIREMENTS: The CSSA/USSSA Roster must be signed by all players. The player is automatically ineligible if a signature appears on more than one CSSA/USSSA Roster, unless the player has a written release dated and signed by the team manager of the team for which the player will not be a member. The release must be filled out with the State Director before the teams play in a tournament. TEAM MEMBERS MAY BE ASKED TO PROVIDE A POSITIVE I.D. UPON REQUEST. TEAM MANAGER'S AFFIDAVIT. I am the manager of the above team and guarantee all the information supplied above is correct to the best of my knowledge and that all of the players signed the above in their handwriting and they are eligible to compete with my team in USSSA tournament play and agree to be bound by the rules and regulations of USSSA I also guarantee that my players are CSSA Eligible players and meet the requirements.

MANAGER'S SIGNATURE: _____ DATE: _____