

**ELITE SPORTS ASSOCIATION ROSTER 2003/2004
COMPLETE AND MAIL TO:**

**Steve R. Harrison
2231 Honeybee Creek Drive
Griffin, Georgia 30224**

Team Name _____ Age Group _____ City/State _____

In order to participate in Elite Sports Association tournaments, I hereby release and forever discharge Elite Sports Association and their employees, owners, officers and directors from all claims action and judgments I may have or claim to have against Elite Sports Association for all personal injuries, including death, and damage to property, real or personal, caused by or arising from my participation in ESA functions.

In addition I agree that photographs, pictures, slides or movies taken by ESA may be used with my name to promote ESA tournaments.

By signing the roster, I state that I am in good health and have no physical conditions that would prevent me from participating in ESA events.

Player Name	Parent Guardian	Birth date	Emergency Phone #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____
19.	_____	_____	_____
20.	_____	_____	_____

I Certify that the above information is correct _____ Manager/Coach

A birth certificate must be available for each team member at all ESA tournaments.

Teams must have proof of insurance at all ESA tournaments.