



Tournament Roster

A completed roster with each player's name (**both divisions**) and rating/classification (**both divisions**) must accompany entry & payment. **Players must sign the roster prior to the start of their first game.**

OPEN DIVISION: The Saguaro Cup will use the **2008 NAGAAA divisional definitions**. Each team will play in a division based on the total rating of their top 10 players. Individual player ratings will be based on the 2008 NAGAAA ratings. Teams from leagues that are not NAGAAA rated will be accepted on a case-by-case basis.

WOMEN'S DIVISION: The Saguaro Cup will use the **2008 NAGAAA WS Classifications**. Teams from leagues that are not NAGAAA rated will be accepted on a case-by-case basis.

Tournament Release & Waiver

In consideration of the Application's acceptance, I hereby, for myself, my heirs, executors and assigns release and waive any and all claims for damages against CACTUS CITIES SOFTBALL LEAGUE and SAGUARO CUP TOURNAMENT, and/or players, participants, coaches, officials and sponsors, for any and all injuries, or death, or property damages or theft sustained by me as a team participant or spectator. I attest and verify that I am physically fit and have sufficiently trained in said activity.

Team Name _____ Team Rating _____ City _____ State _____
Players MUST sign this form PRIOR to play but you do not have to have signatures to submit registrations.

	Name (Print)	Signature	Date	Player Rating/Classification
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
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League Commissioner: _____ Phone: _____

As team manager/coach, I verify that all players participating on behalf of _____ are properly registered in the Saguaro Cup Softball Tournament and each has individually signed the above Tournament Release & Waiver. I understand that the failure of any one player to do so, prior to the start of the team's first game, may result in forfeit of the game or suspension of the player (s) from the tournament.

Team Manager/Coach: (Signature) _____ Date _____