



2014 SSA Men's 16" Class "A" National Championship Information Sheet

The SSA is proud to announce details for this year's Men's 16" Class "A" National Championship. This Information Sheet will give you the basics. The SSA will be releasing a more detailed electronic packet on August 1, 2014.

Please note that this tournament has been growing every year that we have run it and due to space restrictions, we can only accommodate 48 teams this year. As a result, you must contact the SSA and pay your fee by August 1, 2014 to participate. You can contact Anthony Tyler at (708) 426-3664 if you are interested in participating. We have also spoken to a few teams about getting cleaner versions of their rosters for entry in the stat program. We have thus included SSA Roster forms and Add/Drop Sheets to this Information Sheet for your convenience.

DATES OF IMPORTANCE:

Dates of Tournament:	August 15-17, 2014
Entry Fee Due (\$300.00):	August 1, 2014. Entry fee can be paid by cash, check or credit card at our web site, www.SSASoftball.com
All-Star Game & Homerun Derby:	August 14, 2014
Add/Drop (3) Period:	August 1, 2014 through First Pitch of Class "A" Nationals.

TOURNAMENT & HOTEL LOCATION:

Tournament Location:	McCaslin Park 27W650 North Avenue West Chicago, IL 60185
Host Hotel & Room Code:	Hampton Inn 205 W North Ave. Carol Stream IL, 60188 Reservations: (630) 681-9200 Room Rate: \$89.00 plus tax. When booking, please give them the code "CAT" and mention that it is under Conventions.
Host Hotel Information:	The Hampton Inn is providing us with many additional services this year, including a hospitality room so teams can hang out and bring in their own beverages throughout the weekend. The SSA would request that teams book through the Hampton Inn for this tournament and if you have made reservations please try to switch to the Hampton Inn. Our sponsors are a big reason we can continue to provide all teams with a lost cost alternative to play top flight, competitive 16" softball!

Fax To: 708-221-6417

SSA OFFICIAL ROSTER AND WAIVER FORM

Email To: SSA2011@comcast.net

Year:**Team Name:****City & State**

PLEASE NOTE: All players and parents or guardians of minors must read the front and back of this form. Player or parent or guardian must agree to the terms and conditions on the back of this form and must sign the form where indicated as a condition to participation in any SSA sanctioned tournament or event. Player's, parent's or guardian's signature is acknowledgment that he or she has read the terms and conditions contained herein and that they understand and agree to said terms and conditions. Parent or guardian must sign on behalf of all minors.

Player's Name (Print)	Birth Date	Player's Residence Address	Email Address or Phone	Signature
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				
11)				
12)				
13)				
14)				
15)				
16)				
17)				
18)				
19)				
20)				

TERMS AND CONDITION FOR PARTICIPATION IN SSA TOURNAMENTS OR EVENTS

Player Waiver, Release of Liability and Indemnification Agreement

I, the undersigned player or parent or guardian, acknowledge, agree and understand that:

1. I have voluntarily and of my own free will elected to participate or to have my son, daughter, or minor player under my guardianship participate as a member of the softball team named on the front page of this SSA Official Roster and Waiver Form in various Slow-Pitch Softball Association (hereinafter "SSA") tournaments or events. I further acknowledge that as a condition of participation I have read and understand this form. I understand that by signing this form I am agreeing to all the term and conditions contained herein.

2. I understand that there are certain risks and hazards involved in participating in softball that may result in injury or death to me or other players including, but not limited to those hazards associated with weather conditions, playing conditions, equipment, and other participants. I further understand that the very nature of the game of softball is hazardous and risky, including, but not limited to, the acts of pitching, throwing, fielding and catching of the ball, the swinging of the bat, running, jumping, stretching, sliding into a base, diving, and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players.

Further, I, the player or parent or guardian, agree that in consideration for the right to play as a member of the softball team a named on the front page of this SSA Official Roster and Waiver Form and in consideration for permission to play in any SSA tournament or event and on any and all fields arranged for by the SSA, that I agree to the following terms and conditions:

1. I voluntarily elect to accept and assume all risks of injury incurred or suffered by me or the minor player on whose behalf I have signed this SSA Official Roster and Waiver Form (a) while practicing or playing as a member of the team designated on the front page of this form at any SSA tournament or event or field arranged for by the SSA; (b) while serving in a non-playing capacity as a team member during practice or play by other teams or by other players on my team, and (c) while on or upon the premises of any and all of the fields arranged for by my team or league for practice or play.

2. I release, discharge and agree not to sue the team, the SSA, the field owner or other entity, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, the SSA, or the field for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.

3. I further agree to indemnify the team, the SSA, the field owner or other entity, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, the SSA, or the field for any damage or harm that I may cause that may lead to any legal action or claim against the team, the SSA, the field owner or other entity, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, the SSA, or the field. I further agree that this release shall be governed by the laws of the State of Illinois.

4. I further agree to allow the SSA to use my name or any likeness or image of me, whether in photographic, digital or video format, for broadcast or publicity purposes.

Team Manager Verification: I agree and acknowledge that I have presented this form to all the players, parents and guardians of the team members and they had ample opportunity to read and review the form. I further state that all the players, parents and guardians have in fact signed this form.

Team Manager (Printed Name): _____

Team Manager Signature: _____

Address of Team Manager: _____

Team Manager Telephone No.: _____



SSA OFFICIAL PLAYER ADD/DROP FORM (FAX TO: 708-221-6417)

Year: _____ **Team Name:** _____ **City & State** _____

PLEASE NOTE: All players and parents or guardians of minors must read the front and back of this form. Player or parent or guardian must agree to the terms and conditions on the back of this form and must sign the form where indicated as a condition to participation in any SSA sanctioned tournament or event. Player's, parent's or guardian's signature is acknowledgment that he or she has read the terms and conditions contained herein and that they understand and agree to said terms and conditions. Parent or guardian must sign on behalf of all minors.

Team is allowed to add up to three Players to their Official Roster and to drop up to three Players from their Official Roster. All Players being added to the Official Roster must sign this form agreeing to its terms and conditions. The Players being dropped from the Official Roster must be listed below in the Dropped Player section.

ADDED PLAYER (Print)	Birth Date	Player's Residence Address	Email Address or Phone	Signature
1)				
2)				
3)				
DROPPED PLAYER (Print)	Birth Date	Player's Residence Address	Email Address or Phone	
1)				
2)				
3)				