

SAN ANTONIO FLAG FOOTBALL ASSOCIATION

Playoff Registration & Team Roster

TEAM NAME _____		
MANAGER _____	PHONE NBR _____	Email _____

I agree to be responsible for my own insurance while participating in the SAFFA, for recreational benefit to myself, I hereby, for my heirs, executors and administrators, waive and release any and all claims for damages I may have against the SAFFA, or it's sponsors, for any and all injuries suffered by me while participating with the SAFFA. I agree that I am 18 years of age and all information listed below is true and if proven false shall be reason for dismissal from the San Antonio Flag Football Association. (SAFFA).

Players Signature	Printed Name	Birthdate/Age	Phone Nbr.
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____
13. _____	_____	_____	_____
14. _____	_____	_____	_____
15. _____	_____	_____	_____
16. _____	_____	_____	_____
17. _____	_____	_____	_____
18. _____	_____	_____	_____
19. _____	_____	_____	_____
20. _____	_____	_____	_____