

**2026 TSRL ROSTER FORM**  
**Twelve Step Recovery League**

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 FOLLOWING STATEMENT BEFORE COMPLETING AND SIGNING**

In consideration of being permitted to participate in the TSRL, I hereby agree for myself, heirs and assigns, release and forever discharge Twelve Step Recovery League (TSRL), their employees, officers, and directors from all claims, actions or judgments I may have or claim to have against TSRL for all personal injuries, including death, and injuries to property, real or personal, caused by an or arising out of my participation in the TSRL-either league or tournaments. I further agree for myself, successors, heirs and assigns to indemnify and hold TSRL 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 TSRL 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 TSRL, their employees, officers, and directors in connection with my participation in the TSRL, either league or tournaments, or any reproduction of the same, as well as my name, may in any manner be used by TSRL, or by any person, corporation, or association authorized by TSRL. I am in good health and have no physical condition that would prevent me from participating in the TSRL events, I, UNDERSIGNED, HAVE READ AND UNDERSTAND THE FOREGOING RELEASE.

1. NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_
2. NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_
3. NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_
4. NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_
5. NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_
6. NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_
7. NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_
8. NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_
9. NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_
10. NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_
11. NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_
12. NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_
13. NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_
14. NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_
15. NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_
16. NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_
17. NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_
18. NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_
19. NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_
20. NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**REQUIREMENTS:** The TSRL Roster must be signed by all players. The player is automatically ineligible if a signature appears on more than one TSRL 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 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 the players signed the above in their handwriting and they are eligible to compete with my team in TSRL tournament play and agree to be bound by the rules and regulations of TSRL. I also guarantee that my players are TSRL Eligible players and meet the requirements.

MANAGER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_