

Anne Arundel Amateur Baseball Association
Players Contract

League _____ Team _____

Players Name _____ Date of Birth _____

Street Address _____ City _____

Zip Code _____ Phone Number _____ School _____

I agree to play with the above team during the playing season of Summer 2008 or until I am given my release in writing by the manager of said team. I promise to carefully observe and abide by the rules and regulations of the Anne Arundel Amateur Baseball Association.

Player's Signature _____

Manager's Signature _____

Note: All players and parents must sign the following statement:

I/ We hereby give our permission for _____ to play with the above mentioned team; and hereby waive any and all claims against the Anne Arundel Amateur Baseball Association, its officers, managers, or any other persons affiliated with the organization for injury or injuries sustained while watching or playing games, or traveling to and from games.

Player's Signature _____

Father's Signature _____

Mother's Signature _____

Accident Insurance is mandatory on all players. The sponsoring organization (team) must furnish insurance to any player that is not covered.

Name / Policy Number of Player's Accident Insurance: _____

Note: This contract will not be accepted by the Organization unless a copy of the player's birth certificate is attached!

CONTRACT RELEASE

The above mentioned player is hereby released from this contract effective: _____

Manager's signature: _____