



**Lone Star
Amateur Baseball
Association**

Player Contract

Division: 18U___ 16U___

TEAM NAME: _____

Manager: _____ Head Coach: _____

Player: _____ Phone No. _____

Street Address: _____ Email: _____

City: _____ ZIP: _____

Position: _____ Bats: _____ Throws: _____ Age: _____ Height: _____ Weight: _____

Date of Birth: _____ School: _____

Medical Conditions: _____

I/We, the parents and or guardian of the above named player, hereby give my/our consent and approval to participate in any and all league activities. I/We agree to abide by the rules of the Lone Star Amateur Baseball Association. I/We assume all risks and hazards incidental to such participation, including transportation to and from the activities; and I/we do hereby waive, release, absolve, indemnify and agree to hold harmless the league, the chartering organization, the organizers, sponsors, participants and persons transporting the above named player to and from activities; for any claim arising out of an injury to the player, whether the result of negligence or from any cause, except to the extent and in the amount covered by accident and liability insurance. I/We understand that the insurance carried by this league covers only the amount that is not paid by my/our carrier. I/We agree to return upon request the uniforms and other equipment issued to the player in as good condition as when issued except for normal wear and tear. I/We will furnish with this contract a certified copy of a bureau of vital statistics birth certificate of the above named player to league officials.

FATHER

MOTHER

Name: _____

Name: _____

Address: _____

Address: _____

Address: _____

Address: _____

City: _____

City: _____

St.: _____ ZIP: _____

St.: _____ ZIP: _____

Home phone (____) - _____

Home phone (____) - _____

Work phone (____) - _____

Work phone (____) - _____

Email: _____

Email: _____

Occupation: _____

Occupation: _____

Signature: _____

Signature: _____

(Father or Guardian)

(Mother)

Date: _____

Date: _____

Player _____ **Date:** _____

Manager _____ **Date:** _____

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