

Rancocas Valley Baseball League Contract

PLEASE PRINT IN BLUE OR BLACK INK

I, _____, do hereby agree to play with _____ Baseball Club of the RVL, without compensation and to be governed by the Rules and By-Laws of the Rancocas Valley Baseball League and to not hold the team, the league, sponsors or league directors and officers liable in the event of accident or injury.

It is understood that the Rancocas Valley Baseball League carries the following insurance plans: General Liability; Products Liability; Participants Liability; Personal Injury and Advertising Injury; Fire Legal Liability; Medical Payments to non-members; and Accident Medical Liability for Participants (\$500.00 dollar deductible which supplements your personal medical coverage). The Accident Medical Insurance for Participants is supplemental to the participants personal Medical Coverage as provided to the league Executive Secretary. The listed insurances are for the benefit and protection of the Rancocas Baseball League, sponsors, league directors, officers and participants.

It is understood that I, the player, will remain under contract to the team exclusively for play in the Rancocas Valley Baseball League until this contract is terminated in the following manner:

The player returns to the team all uniforms, equipment and other team or league property, fees and monies due to the League and/or team and, a written release is requested and issued by the team official under one of the following conditions:

- a. The player requests a release to his club prior to January 1st of any year and copies said request to the League Executive Secretary.
- b. The player requests a release after January 1st of any year and is voluntarily released by the team official.
- c. The player requests a release after January 1st of any year is NOT voluntarily released and appeals to the League Executive Board and is released by said board.
- d. The player does not participate in ANY Rancocas Valley League games for one full season.

Player Signature

Team Official & Date

Player Street Address _____ Apt. # _____

City, State, Zip Code _____ Phone # w/ Area Code _____

Social Security Number _____ Date of Birth ____/____/____

Personal Medical Coverage Yes _____ No _____ Name of Medical Coverage _____

Received for the RVL by: _____ Date/Time Received ____/____/____
(President, RVL)