

EAST COBB BASEBALL
PLAYER CONTRACT
_____ **YEAR OLD DIVISION**

I _____ hereby agree to play baseball during the _____ season with the
(Print player's name) (year)
_____ managed by _____ I fully understand that I will not be
(Print team name) (Print manager's name)
eligible to play for another East Cobb Baseball Team during the _____ season unless I receive an official
release from this team's Manager.
I certify that I was born on _____ in the year _____. At the time this contract is signed, I
Month/Day
reside at: _____.

Street City State Zip Code

I further agree to abide by all ECB League rules and any applicable National Association Rules. I hereby waive all rights and claims for damages that I might have against ECB Inc. DBA East Cobb Baseball, any and all other baseball associations that are affiliated with East Cobb Baseball, the officers and directors of East Cobb Baseball, and team managers, coaches, and sponsors, in the event that I sustain an injury during a team function excepting a case of gross negligence or an illegal act. In such a case, I will seek remedy only against the offending party.

I agree to properly care for and maintain all equipment and uniforms provided to me by said team. I fully understand these items are the property of the team and are to be returned in good condition upon request of the manager or sponsor. I further understand that I am responsible for excessive damage to said equipment and uniforms. I understand that any fee payments or fund raising efforts by parents and or/players accrues solely and fully to the benefit of the team, immediately at submission. Exceptions to this policy shall only be in the event of non-disciplinary dismissal from the team, which shall be negotiated. I understand that if I quit the team: (1) I will receive no refund of any fees (2) The manager is under no obligation to grant a release, therefore, possibly making me ineligible to compete with another ECB team until the next year's season. My parents/guardian shall forfeit claim to any items donated for team use unless there is established a separate bilateral written agreement.

I understand that I shall not be eligible to participate with another team in the ECB program until all items are returned in proper condition, or I pay the appropriate replacement cost. I understand my participation with this team shall extend through any ECB sanctioned post season tournaments, as determined by the team manager. If I fail to honor this clause, I am subject to a one year suspension from the program, if the manager files a formal complaint.

I certify that all information provided in this Player Contract is accurate. This includes my name, address, and date of birth. I hereby submit a copy of a satisfactory birth document, to wit: A Bureau of Vital Statistics Record of Live Birth or a document as is otherwise acceptable to the national affiliate with which this team intends to advance for post season tournament play. If requested by a league officer, I will submit an original, certified record of birth from the Bureau of Vital Statistics from the state/city/county of my birth. I understand I am not eligible to participate in any practices or games without having submitted an accurate East Cobb Baseball Medical Release Form signed by a parent or guardian having legal custody.

THIS CONTRACT MUST BE SIGNED BY PLAYER AND BOTH PARENTS
VALID ONLY FOR THE _____ SEASON

Player _____ Date _____
Signature Month/Day/Year

Parent/Legal Guardian _____ Date _____
Signature Month/Day/Year

Parent/Legal Guardian _____ Date _____
Signature Month/Day/Year

I have examined this document and hereby certify that, to the best of my knowledge, the information contained herein is accurate.

Team Manager _____ Date _____
Signature Month/Day/Year

BOTTOM PORTION TO BE SIGNED ONLY IF PLAYER IS RELEASED FROM THIS AGREEMENT
The above named player is hereby released from terms of this agreement on _____.

Date

Team Manager _____
(Print manager's name)

Signature Date _____

