

# **LBSA Player Contract 2010**

**Deadline to Register:** Saturday March 6<sup>th</sup>, 6:00 P.M. Forms received after this date will be placed on a waiting list and if openings become available will be placed on a team. There will be a roster maximum of 12 players for all teams. Players will be placed on teams FIRST COME, FIRST SERVED! Postmarks will be used to help determine when registration is received. If a team reaches its roster maximum, every attempt will be made to create an additional team. Roster maximums will ensure everyone gets adequate playing time.

Mail Forms w/ Payment To:      LBSA : P.O. Box 511: Lathrop, Missouri : 64465

LBSA does not guarantee placement of any player on or with a specific team or coach. If possible, would you like your previous 2009 coach? Yes or No    Coach: \_\_\_\_\_

Player's age for male as of 5/1/2010: \_\_\_\_\_ Player's age for female as of 1/1/2010: \_\_\_\_\_

LBSA does offer multiple child discounts after #2. Children #3 and on in the same residence will play for \$20.00 each. Our desire is for every child to play regardless of their ability to pay. There are scholarships available. Please, if you are facing a financial hardship contact Jerry Archer 816-528-3161 or Melanie Stubler 816-740-3787 for scholarship information. LBSA is committed to making certain every child plays that desires to do so.

A contract must be completed for each participant. Please circle your method of payment:

(CASH) amt pd. \_\_\_\_\_ or (CHECK) amt pd. and # \_\_\_\_\_

Coach Pitch/T-Ball                      Boys and Girls ages 5-6 (based on above dates)      \$ 50.00

Machine Pitch Boys                      Boys Baseball ages 7-8 (based on above dates)      \$ 65.00

Machine Pitch Girls                      Girls Softball ages 7-8 (based on above dates)      \$ 65.00

Softball (Girls)                      Please circle one of the following 10-U, 12-U, 14-U      \$ 65.00

Baseball (Boys)                      Please circle one of the following 10-U, 12-U, 14-U      \$ 65.00

## **Parents Contact Information:**

### **Father/Guardian**

### **Mother /Guardian**

First/Last Name \_\_\_\_\_

First/Last Name \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**Player Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Please indicate shirt size: YM\_\_ YL\_\_ AS\_\_ AM\_\_ AL\_\_ AXL\_\_ AXXL\_\_ . You are responsible for purchasing your own pants or shorts (girls) either black or grey in color. Pants must be worn to play.

Does this child have any disabilities, handicaps, present injuries, limitations, allergies, respiratory conditions or any other significant medical condition? Yes or No List: \_\_\_\_\_

I would like to volunteer to: Coach\_\_ Sponsor\_\_ Umpire\_\_ Team Parent \_\_\_\_ Other \_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Insurance Carrier \_\_\_\_\_

Emergency Authorization: I/we, whose signatures appear on this form, as parents/guardians for the above named player, a minor, hereby authorizes an LBSA official, coach, umpire, team parents and the identified emergency contact to act as my/our agents in the capacity of activity supervisors and vehicle drivers, and to consent to medical, surgical, or dental examination and/or treatment for the above mentioned player.

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Insurance Carrier \_\_\_\_\_

**Code of LBSA Conduct:**

I understand that my child and family members must conduct themselves in a sportsmanlike manner at all times. Any players, family members, or spectators that conduct themselves inappropriately will be immediately ejected from the practice or game and will be required to leave the facility. Players exhibiting poor behavior may jeopardize any future opportunities to participate in LBSA activities.

We strive to keep our cost low for our families. We use the concession stand proceeds as our fund raiser. We need your help! All participants (teams, families, etc) will be required to volunteer in the concession stand. Anyone not agreeing to participate will pay an additional fee of \$10.00 to offset expenses.

**Release of Liability Waiver:**

I hereby agree that the Lathrop Baseball and Softball Association (LBSA) its members, coaches, or officers shall not be liable for any injury or loss which my child may sustain while in participation in activities of any kind whether sponsored by or under the supervision of LBSA and we agree to indemnify and to hold harmless LBSA, its members, coaches, officers or designates of any kind from any claim whatsoever.

**Signature:**

I/we have read the LBSA Code of Conduct, Emergency Authorization and Release of Liability. I/we fully understand the terms of each; understand that I/we and the above named player have given up substantial rights by signing this form and agreeing to these terms. I/we sign this form freely and voluntarily and without inducement for me/us and on behalf of the above player.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_