



**WWW.DOVERATHLETICS.COM**

## Baseball/Softball Contract & Parent/Guardian Release of Claims

Player level (age is determined by the players age as of May 1<sup>st</sup> (baseball), Jan 1<sup>st</sup> (softball) of the playing year)

### Baseball

( ) Tee-ball \$45    ( ) 8U Coach Pitch \$50    ( ) 10U Interlock \$65    ( ) 10U Travel \$85    ( ) 13U Interlock \$65    ( ) 13U Travel \$85    ( ) 16U County \$95

### Softball

( ) 7U \$50    ( ) 10U \$55    ( ) 12U \$75    ( ) 14U \$75    ( ) 18U \$75

[ ] **Returning Player** (fill out below first line ONLY if there are changes)

\*Player's Name \_\_\_\_\_ \*Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Playing Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Ph # \_\_\_\_\_ E-mail Address \_\_\_\_\_

**\*\*Shirt Size ( )YS ( )YM ( )YL ( )AS ( )AM ( )AL ( )XL ( )XXL**

**Fundraiser Buy-Out** \_\_\_\_\_

**Raffle Info** \_\_\_\_\_

I understand and agree that said player must participate in the league's mandatory fundraiser either by purchasing the buy-out or by having all required funds paid to the league no later than the date of the leagues Organizational meeting. I understand that if I do not meet the leagues fundraising requirements by the required date, then my son/daughter will not be able to participate in any league activities until paid in full.

The undersigned Parent/Guardian warrants that he/she has granted permission to the above signed Player to play Baseball with the Dover Area Athletic Association. In consideration of permission granted to the player by the Association in the Baseball program, I as Parent/Guardian of the above signed Player, hereby release and discharge the association, their agents and officers, from all claims, demands, judgments, and executions which the above signed or the player had, has, or may have, or which the above signed's heirs, executors, administrators, successors, or assigns, for all personal injuries caused by or arising out of the Player's participations in practice or play with the association or going to or from the grounds on which any game or practice may be conducted. The above signed parent/Guardian agrees that any reference to, or the use of, the Association's name without the written expressed consent of the association is prohibited.

I as the undersigned Player and/or Parent/Guardian understand that in case of an emergency the on site Coach will make every attempt to contact the Parent/Guardian immediately. If not on site or unable to be contacted, I as the undersigned Player and or Parent/Guardian authorize my child to be treated by certified emergency personnel (i.e. EMT, First Responder, ER Physician).

I as the undersigned Player and/or Parent/Guardian understand that any unsportsmanlike conduct towards a fellow player, Coach, Official or Association Officer, will result in disciplinary actions as seen fit by the Executive Board.

IN WITNESS WHEREOF, and intending to be legally bound hereby, the parties to have set their hands and seals this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

Player's Signature \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

*Refunds at the discretion of D.A.A.A. Board of Directors*