

Southeast Valley Babe Ruth

PLAYER CONTRACT

Division_____ Team Name_____

I,_____ hereby agree to play baseball during the Spring season of 2007 with the (team name)_____ - chartered with the Southeast Valley Babe Ruth League. I understand that once I am placed on the official team roster, I am committed to play on that team for the duration of the season. I further agree to abide by the local league rules and the national Babe Ruth baseball rules and regulations. I understand that all teams registered in this league operate as a separate entity and all financial obligations (uniforms,tournaments and equipment) is the responsibility of my specific team and not Babe Ruth Baseball.

Insurance: League policy covers all players, coaches and managers, on a league-registered team, including anyone who becomes eligible during the term of coverage. Coverage is provided while participating in a regularly scheduled and supervised practice and play of Babe Ruth Baseball and related covered scheduled activities. The medical expense benefit of this plan is an "excess" type benefit that picks up where other coverage leaves off.

Player Signature_____

Parent/Guardian Signature_____

Date_____

Coaches Signature_____

Players enrolled on a Babe Ruth roster must present to their League president before the first regularly scheduled game, an original record of birth or certified copy of original record of birth and a signed medical release form. Please consult with your team manager if you have further questions regarding this matter.