

Bakersfield Braves Baseball Club

Fall 2019 Player Contract

I, _____, hereby agree to play baseball during the 2019 FALL season for the Bakersfield Braves Baseball Club (BBBC). In consideration of acceptance of this contract, I/We hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages against the Bakersfield Braves Baseball Club for any and all injuries suffered by me in games, practices, travel, and lodging for the team with this signed contract. If player is under 18, parent or guardian must sign with player.

I/We agree that we are responsible for the FALL season playing fee **\$950.00** plus \$100 uniform fee, if applicable. The fee includes all costs for coaches, field rental and maintenance, games, umpires, and equipment.

I/We agree to pay a minimum deposit of **\$250.00** on or before August 26th. I/We agree that we will be responsible to pay the remaining balance or **\$700.00** no later than **September 30th, 2019**. The Bakersfield Braves Baseball Club reserves the right to cancel any player from the roster for failure to meet payment deadlines. Payments can be made through Venmo @Bakersfield Braves (Bakersfield Braves Baseball Club) or by mailing all documents and payments to BBBC P.O. Box 20760 Bakersfield, CA 93390

Bakersfield Braves Baseball Club is a Non-Profit (501 C3) Tax Exempt Organization formed in 2004.
The Tax ID number is: 20-062857

I/We give permission to all coaches of the Bakersfield Braves Baseball Club to seek medical care in the event we cannot be contacted. In the case of emergency, and if my son's physician cannot be reached, I/We hereby authorize the above named player to be treated by another physician.

Player's Physician _____ Insurance Company: _____

Physician Phone #: (____) _____ Insurance Group #: _____

Insurance Member #: _____

Emergency Contact: _____ Home Phone #: (____) _____

Cell Phone #: (____) _____

Please list any allergies or medical conditions: _____

Player Home Address: _____
Street City Zip Code

Date of Birth: ___/___/___ Height _____ Weight _____

Cap Size: (circle one) S/M L/XL Jersey Size: (circle one) S M L XL

Player Cell Phone: _____ High School: _____ Grad Yr: _____

E-mail address (for all team communication): _____

Players Signature (if 18 and over): _____ Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Parent Home Phone: _____ Dad Cell Phone _____

Parent E-mail: _____ Mom Cell Phone _____