

White – NKABL Official Copy  
Yellow – Team Manager Copy  
Pink – Player Copy

Team Name \_\_\_\_\_

Year \_\_\_\_\_

## Northern Kentucky Amateur Baseball League (NKABL) Players Agreement

Please Print Clearly or Type

Full Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email Address \_\_\_\_\_

Emergency Phone \_\_\_\_\_ Whom to contact \_\_\_\_\_

Have you ever played for a professional team \_\_\_\_\_ If yes, what level \_\_\_\_\_

I hereby agree to play during the current season for the \_\_\_\_\_ NKABL baseball team.  
I will obey the official rules and regulations of the NKABL and will not hold the NKABL or team sponsor responsible for any injury I may sustain while a playing member of above baseball team.

I hereby agree that all of the information provided above is accurate and correct.

To the best of my knowledge I am physically fit and able to play baseball, and I agree to furnish a doctor's statement to that effect if requested by the team manager or executive officers of the league. It is understood that the NKABL does not take responsibility for the physical fitness of players, and that I bear the full responsibility for my own physical condition.

I hereby agree that the NKABL, it's members, coaches, or officers shall not be liable for any injury or loss which I may sustain while participating in activities of any kind, whether sponsored by or under the supervision of the NKABL, and I agree to indemnify and to hold harmless the NKABL, it's members, coaches, officers or designates of any kind from any claim whatsoever.

I understand that the official rules of the league are provided in the NKABL by-laws and that I have read and understand these rules. I understand that as a player of the NKABL that I will be responsible for any penalties or fines assessed due to non-compliance of the NKABL by-laws. I have read and understand these terms of contract and agree to the terms here said.

Player Sign \_\_\_\_\_ Date \_\_\_\_\_

As a parent or guardian, I agree to all the terms and conditions of this contract.

Parent/Guardian Name (if under 18) \_\_\_\_\_

Parent/Guardian Sign (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

Manager Sign \_\_\_\_\_ Date Accepted \_\_\_\_\_