

MOORE YOUTH BASEBALL – PLAYER CONTRACT

Date:

PLAYER NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE ( 405 ) \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

SCHOOL: \_\_\_\_\_

PARENTS NAME: \_\_\_\_\_

IS THE PLAYER COVERED BY HEALTH INSURANCE? YES \_\_\_\_\_ NO \_\_\_\_\_

DOES ABOVE PLAYER HAVE ANY HEALTH RESTRICTIONS/CONDITIONS?  
NO YES IF YES, PLEASE EXPLAIN.

PLAYER’S CONTRACT

I, \_\_\_\_\_ AGREE TO PLAY FOR \_\_\_\_\_ (TEAM)  
FOR THE YEAR \_\_\_\_\_ BASEBALL SEASON, AND WILL OBEY THE  
RULES AND REGULATIONS SET FORTH BY THE MOORE YOUTH BASEBALL  
ASSOCIATION FOR PLAY AND CONDUCT OF IT’S LEAGUE MEMBERS.  
PLAYER SIGNATURE \_\_\_\_\_

PARENT OR LEGAL GUARDIAN

I, \_\_\_\_\_ BEING THE PARENT OR LEGAL GUARDIAN  
OF THE ABOVE PLAYER, AGREE TO ALLOW MY CHILD TO PARTICIPATE IN  
THE MOORE YOUTH BASEBALL ASSOCIATION AND WILL ENCOURAGE MY  
CHILD TO OBEY THE RULES AND REGULATIONS SET FORTH BY THE  
ORGANIZATION. I AGREE TO RELEASE THE MOORE YOUTH BASEBALL  
ASSOCIATION AND/OR IT’S DESIGNATED REPRESENTATIVES FROM  
RESPONSIBILITY IN THE EVENT OF INJURY TO SAID PLAYER  
PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

MANAGER/HEAD COACH

I, \_\_\_\_\_ COACH OF \_\_\_\_\_ ACCEPT  
THE ABOVE MENTIONED PLAYER AS AN OFFICIAL MEMBER OF MY  
BASEBALL TEAM AND PROMISE TO DO EVERYTHING IN MY POWER TO  
PROTECT SAID PLAYER FROM HARM OR INJURY, AND TO TEACH HIM/HER  
BASEBALL FUNDAMENTALS AND GOOD SPORTSMANSHIP TO THE BEST  
OF MY ABILITY.  
COACH SIGNATURE \_\_\_\_\_