



SHAWNEE COUNTY AMATEUR BASEBALL ASSOCIATION

PLAYER CONTRACT

Team Name: _____

League: [] Pony Express [] Pony [] Gopher [] Pee Wee [] Minor [] Instructional

Player's Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Phone: _____ - _____ - _____ Birth Date: ____/____/____ Age as of May 1st (of this year): _____

Parents/Guardians Name(s): _____

I do hereby agree to play baseball for the above named team for the _____ season. I understand that I may not play for any other team whether in this association, or not, unless released in writing by my manager.

(Player Signature)

(Date)

(Manager's Signature)

(Date)

PARENTAL AUTHORIZATION

I, the legal parent, or guardian, of the above mentioned individual, does hereby give my approval to his/her participation in any and all team and Association activities during the current season. I assume all risks and hazards incidental to such participation including those risks associated with transportation to and from activities and does hereby waive, release, absolve, indemnify and agree to hold harmless the Shawnee County Amateur Baseball Association; its officers, sponsors, participants and persons transporting my child to and from activities for any claim arising out of injury to my child except to the extent and in the amount covered by insurance carded by the Association. I will furnish a copy of the birth certificate and other proof of age acceptable to the Association.

In consideration of our participation in this activity, and in acknowledgement of the law, we hereby release and discharge Shawnee County Parks and Recreation and all persons employed or connected with this activity from and all liability arising from illness, injuries and damages we suffer as a result of our participation in this recreational activity. We are not waiving or releasing Shawnee County Parks and Recreation from intentional acts of damage, nor for damages caused by the gross and wanton negligence of Shawnee County Parks and recreation since the areas utilized under this program are park, playground or open are under K.S.A 75-6104(0). We also understand that Shawnee County Parks and Recreation is not responsible for and costs incurred for medical services, injuries and damages to ourselves or others in connection with this activity. Shawnee County Parks and Recreation reserves the right to use event pictures for publication.

(Parent/Guardian)

(Parent/Guardian)

RULES OF CONDUCT

As a player, parent, or guardian in the Shawnee County Amateur Baseball Association (SCABA), any unsportsmanlike behavior from any manager, coach, player, parent/guardian, or spectator affiliated with my team will be subject to disciplinary action by SCABA and SCPR.

Unsportsmanlike behavior includes, but is not limited to:

- Verbal and/or physical abuse of an umpire, any player on my team or the opposing team, any manager/coach on my team or the opposing team, parents/guardians, spectators, or league officials;
- Consumption of alcoholic beverages or controlled substances while in the confines of the complex;
- Being under the influence of alcoholic beverages or controlled substances during the game;
- Being in possession of a firearm or weapon, except for law enforcement personnel;
- Obscenities, racial slurs, or gestures that are inappropriate or demeaning;
- Inciting or encouraging abusive and dangerous actions from players or spectators;
- Baiting, ridiculing and or threatening an umpire, any player on my team or the opposing team, any manager/coach on my team or the opposing team, parents/guardians, spectators, or league officials
- Use of profane and/or derogatory language.

By signing below, I certify understanding of the responsibilities of these rules. And, if an incident occurs, the game will be stopped and the offending individual(s) will be asked to leave the immediate and viewing game area as defined in the SCABA rules. The game will not continue until the individual complies with this request. If the individual(s) refuse to leave, the umpire will immediately suspend the game and notify a league official and be dealt with by proper authorities. All incidents will be reported to SCABA and SCPR, who will investigate the report and follow up with all parties.

Failure to sign this form and abide by the Rules of Conduct will mean the player's application to play baseball with SCABA is not complete. The player will be ineligible to play.

(Player Signature)

(Parent/Guardian)

(Parent/Guardian)

CONSENT TO TREATMENT OF A MINOR

We the undersigned parents or legal guardians of the following minor child, _____ recognize that there will be occasions when we are unavailable to consent to medical treatment for our child. We are aware of the fact that our child may be in need of immediate medical treatment to relieve pain or begin the healing process even though his/her life may not be in danger. It is our desire that our child receive whatever treatment might be necessary for his/her well-being and comfort, and we hereby authorize _____ to give such treatment deemed necessary for the well-being of the above named minor child on those occasions when we are not available. This consent is specifically given to cover the period from January 15 to August 15, 20____, during which we may be unavailable to consent to the treatment of our minor child.

(Parent/Guardian)

(Parent/Guardian)

Hospital Preference: _____

Drug Allergies _____

Physician: _____

Last Tetanus Shot: _____

PLAYER RELEASE

Team: _____ League: _____

Player's Name: _____ Contract Dated: _____

The above player is hereby released from his/her contract for the 20____ season:

(Manager's Signature)

(Date)

