



Kensington Valley Baseball and Softball Association
2024 Team Insurance Enrollment

Team Name & 2024 Age: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City / Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I hereby certify that all information in this application is true and correct \*\*The signature of any party by facsimile or electronic transmission is valid and binding as an original signature\*\*. Electronic signatures are only acceptable if verified by an e-sign service such as Adobe or DocuSign

Signature of Team/Organization Official: \_\_\_\_\_ Date: \_\_\_\_\_

Complete this section only if facility owner(s) requests additional insured status

Facility Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Facility Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Facility Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Facility Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Will your team be attending any of the following tournaments?

- \_\_\_ Cooperstown (\_\_\_ Dreams Park or \_\_\_ All Star Village)
\_\_\_ The Ripken Experience
\_\_\_ Myrtle Beach \_\_\_ Pigeon Forge \_\_\_ Elizabethtown \_\_\_ Austin
\_\_\_ Youth Nationals
\_\_\_ Perfect Game: \_\_\_ Cedar Point
\_\_\_ Others Requesting Coverage: Please List Separately

Submit this form by the 15th of the month to get coverage starting the 1st of the next month.