



**Kensington Valley Baseball and Softball Association
2017 Team Insurance Enrollment**

Team or League Name: _____
(Leagues must submit names of all teams to be insured)

Contact Name: _____ Email: _____

Street Address: _____ Home Phone: _____

City / Zip: _____ Cell Phone: _____

I hereby certify that all information in this application is true and correct, and that all team(s) insured are registered with the USSSA.

Signature of Team/League Official: _____

Date: _____

Complete this section 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: _____

Will your team be attending any of the following tournaments?

- ___ Cooperstown Dreams Park
- ___ The Ripken Experience
- ___ Wolves Tournaments
- ___ Other:

**Coverage runs from Jan. 1 to Dec. 31.
Submit this form by the 15th of the month
to get coverage starting the 1st of the next
month.**