



Kensington Valley Baseball and Softball Association
2018 Team Registration

Team Name: _____ (TEAM)

League/Age: 8U 9U 10U 11U 12U 13U 14U 15U 16U 18U

Tentative Division: ___ Community ___ Advanced ___ Open City of your expected home field: _____

Team Representative:

Name: _____ Position: ___ Head Coach ___ Team Manager/Admin

Street Address: _____ Home Phone: _____

City / Zip: _____ Cell Phone: _____

Email: _____

To reserve a spot in 2018, please submit a deposit of \$250 or the full registration fee. Please make all checks payable to "KVBSA". There is a \$30.00 returned check fee.

As the official representative for TEAM:

- I agree to hold harmless, and indemnify the KVBSA and its representatives for any accidents, illnesses, or mishaps whatsoever which may occur from participating in KVBSA programs.
I do hereby state that all coaches and on-field personnel participating with TEAM will be on the TEAM's approved league roster and each participant will meet the State of Michigan's requirements for concussion awareness training.
I do hereby state that all players participating with TEAM will be on the TEAM's approved league roster and each participant will meet the State of Michigan's requirements for concussion awareness training.
I do hereby state that all persons on the TEAM's approved roster will have a properly executed participation form submitted to the league prior to their participation in any league game.
I understand that if a person (coach, on-field personnel or player) not on the official roster participates in a league game, the forfeit deposit will be surrendered to KVBSA.
I agree to abide by, and if necessary, enforce with all personnel participating with TEAM, the league and game rules posted on the KVBSA web site.
I do hereby state that all players participating with TEAM meet the age eligibility and roster requirements for the age group identified above.
I do hereby state that all of the information supplied to KVBSA on league forms and waivers will be correct to the best of my knowledge and that all TEAM participants, or their parents or guardians if under the age of 18, will have signed the forms in their own handwriting.

Manager Signature: _____

Date: _____

This Section for League Use Only

Registration Date: _____ Amount Paid: _____ Check # or Cash: _____

Form Taken By: _____