



**Kensington Valley Baseball and Softball Association
2021 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/Organization Official: _____

Date: _____

*****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***

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: _____

Will your team be attending any of the following tournaments?

- Cooperstown (Dreams Park or All Star Village)
- The Ripken Experience (Myrtle Beach or Pigeon Forge)
- Youth Nationals
- Perfect Game:
- Wolves Tournament
- FFAST
- Other:

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

For more information on insurance coverage, visit KVBSA.com and select "Insurance" under the "Sign-up" menu

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