



Kensington Valley Baseball and Softball Association
2022 Team Insurance Enrollment

Team Name & 2022 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, and that all team(s) insured are registered with the USSSA. **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, Austin)
___ Youth Nationals
___ Perfect Game:
___ Other: List Separately

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