

NO STAPLES



Kensington Valley Baseball and Softball Association 2025 Player Registration Form

Player Name: _____

Team: _____

Street Address: _____

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

City / Zip: _____

Player's Age on **April 30, 2025**: _____

Contact Phone: _____

Date of Birth:

Parent/Guardian Information:

Parent/Guardian Information:

Name: _____

Name: _____

Contact Phone: _____ Cell: _____

Home Phone: _____ Cell: _____

Email: _____

Email: _____

I agree to play baseball during the **2025** season for the team and league as stated above. I agree to follow the regulations and by-laws of the Kensington Valley Baseball and Softball Association (KVBSA) and any leagues sanctioned hereby. I agree that I will play and receive no compensation whether it is direct or indirect. I understand that if I play one pitch for the above team, I may not play for another team in the same age bracket as part of KVBSA league games.

I understand that baseball is a dangerous sport that could result in very serious injuries or death, including but not limited to injuries from being hit by the baseball, bat, player collisions, physical stress from exertion, and accidents due to outdoor conditions. I am in good physical and mental health such that I am able to play baseball without undue risk. I understand that there may not be trained medical personnel at team and league activities.

In return for KVBSA allowing me to participate in their league, I assume all risks associated with my participation on my team and in this league. These risks include any injury, loss or damage I suffer related to any function for the KVBSA. For myself, my heirs and legal representatives, I waive, release and give up, and will not directly or indirectly bring any action for, any and all claims, demands, and possible lawsuits related to any event or function of the KVBSA that I may have now or in the future against my team, KVBSA, sanctioned leagues, or member organizations and the officers, directors, employees, agents, coaches, umpires and volunteers of all these organizations.

I hereby give permission for all medical attention and treatment necessary to be administered to my child in the event of an accident, injury, sickness, etc., under the direction of KVBSA, sanctioned leagues, member organizations, officers, directors, employees, agents, coaches, umpires and volunteers of said league. This release is effective for the time during my child's participation with KVBSA for the **2025** season. I also hereby assume the responsibility for the payment of such treatment.

Parental Permission (if player is under the age of 18): I have read and understood the above. I agree to all the above provisions, including but not limited to all promises not to sue, and all waivers of claims, on behalf of myself, my child or ward, and my heirs, legal representatives and assigns. I represent that my child or ward is in good physical and mental health and that participation in baseball practices, games and related activities will not involve undue risk.

KVBSA does not place players on teams, nor does KVBSA become involved with team finances, nor does KVBSA endorse the qualification of any coach or the suitability of a person to coach a child. As such, KVBSA does not conduct a background check on any person coaching a team registered in KVBSA. It is the expectation of the KVBSA that the coaching staffs of all teams participating in the league are in compliance with the organizational requirements and the mandate that All participating adults that have contact with minor athletes, at minimum, have undergone a background check within the last 12 months as required by The SafeSport Act (Federal Senate Bill 534). It is the responsibility of each team's coach or organizer to confirm compliance with The SafeSport Act and the KVBSA does not monitor compliance of teams and relies on the team's registration with their organization. KVBSA encourages parents and guardians to check and satisfy themselves with the integrity and fitness of their child's coaching staff.

PARENT Signature

DATE:

Electronic signatures are only acceptable if verified by an e-sign service such as Adobe or DocuSign

PARENT Print Name