



**Kensington Valley Baseball and Softball Association
2025 Team Insurance Enrollment**

Team Name & 2025 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)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 ___ Elizabethtown ___ Austin
- Cedar Point
- Youth Nationals
- Perfect Game: _____
- Others Requesting Coverage: Please List Separately

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