



Kensington Valley Baseball and Softball Association 2025 Team Registration

Team Name: _____ (TEAM)

2025 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: _____ Cell Phone: _____

City / Zip: _____ Email: _____

To reserve a spot in **2025**, please submit a non-refundable deposit of **\$300** registration fee. Please make all checks payable to "KVBSA". There is a \$40.00 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 will meet the State of Michigan's requirements for concussion awareness training.
- I do hereby state that all coaches and on-field personnel participating with TEAM will have submitted to a criminal background check in compliance with the federal SafeSport ACT.
- 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 (coach, on-field personnel or player) on the TEAM's approved roster will have a properly executed participation form and waiver 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 game will be forfeited and 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 and code of conduct posted on the KVBSA web site.
- I do hereby agree and acknowledge that all coaches, players, parents & fans are informed and compliant to the federal, state, local and municipality mandates regarding the Covid-19 and any applicable health related requirements and preventive measures
- 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: _____

****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**

This Section for League Use Only

Registration Date: _____ Amount Paid: _____ Check # or Cash: _____ Form Taken By _____