



Kensington Valley Baseball and Softball Association 2027 Team Insurance Enrollment

Team Name & 2027 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 (Continue on Back Page or Attach Additional Page)

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