



Arlington Heat Select Baseball



Player Contract

Manager: _____

Asst. Coach: _____

Division: 9 ___ 10 ___ 11 ___ 12 ___ 13 ___ 14 ___ 15-16 ___ 18 ___ (Check One)

Players Name: _____
Last First MI

Address: _____

City/State/Zip: _____

Home Phone: _____ Date of Birth: _____

Cell Phone(s): _____

E-Mail Address: _____

I do hereby agree to play amateur league baseball during the 20___ season for the Arlington Heat ___ Division, in accordance with the rules and regulations of the league, the State Association to which it belongs and the American Amateur Baseball Congress (AABC), unless released in accordance with those regulations. I realize if I quit the team before the end of the season I must obtain an official release to be eligible to play for any other team and I am still responsible for any unpaid balance to Cover All Bases and the Arlington Heat.

Players Signature

Date

Players Name (please print)

I accept the above contract for my child to play amateur league baseball during the 20___ season for the Arlington Heat ___ Division. Parent / guardian must sign below.

Parent: _____ Relationship: _____
(Please Print) (Please Print)

Parent: _____ Date: _____
(Signature)

I have explained the meaning and intent of this player contract to both the player and his parents or legal guardian.

Manager's Signature

Date