

# Redmond Dudes Baseball Club Player Contract

I, \_\_\_\_\_, hereby agree to play baseball during the 2017-18 season with the Redmond Dudes Baseball Club (furthermore known as Redmond Dudes) of the Stan Musial, CABA, Redmond Men's league and AABC Baseball Leagues. I also certify that I am not receiving any compensation for playing. I further agree to abide by the rules of the association, league, and American Amateur Baseball Congress:

In consideration and acceptance of this contract, I hereby agree for myself, my heirs, executors and administrators, to waive and release all rights and damages that I may have against: Redmond Dudes, Stan Musial, the City of Redmond, CABA and AABC, for any and all injuries suffered by me in games and/or practices for the Redmond Dudes.

A team deposit is required by the start of the 2017-18 season and is refundable up until two weeks before the start of the 2017-18 Season.

If I choose to break the terms of this agreement and/or quit The Dudes prior to the completion of the 2017-18 Season, I understand there is no refund of player fees for any reason.

I understand that playing time is earned and is not guaranteed

**SIGNATURES:**

**PLAYER SIGN HERE:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

MANAGER / COACH: \_\_\_\_\_ COLIN MCBRIDE \_\_\_\_\_

DATE: \_\_\_\_\_

### Redmond Dudes Medical Release

PLAYER NAME: \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ OTHER PHONE \_\_\_\_\_

DOCTOR: \_\_\_\_\_ DOCTOR PHONE: \_\_\_\_\_

SIGNIFICANT ILLNESS, INJURY, ALLERGIES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/we the undersigned, parent/legal guardian do hereby authorize The Redmond Dudes Baseball Club, and any league association, coaches or representatives may administer minor first aid and transport my son to medical attention if they deem in necessary. In the case of emergency, if the parents are not present, I/we consent to medical attention by a physician or clinic for x-ray, anesthesia, medical or surgical diagnosis or treatment or hospital care being required but is given to provide authority and power on the part of the aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned medical personnel in the exercise of hi/her best judgment my deem advisable.

This consent/authorization extend to all practices, team functions, including meeting, parties, get-togethers, billeting, all games in or out of the State of Washington, tournaments, travel to and from the above mentioned and the parent or guardian is not present.

This authorization will be for player's eligibility unless revoked in writing.

MEDICAL INSURANCE \_\_\_\_\_

GROUP OR POLICY NUMBER \_\_\_\_\_

**RELEASE OF LIABILITY -- READ BEFORE SIGNING**

In consideration of being allowed to participate in any way in The Redmond Dudes Baseball Club program, its related events and activities, I, \_\_\_\_\_, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Company immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE REDMOND DUDES SPORTS BASEBALL CLUB, its officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

X \_\_\_\_\_ Age: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
PARTICIPANT'S SIGNATURE

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE**  
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

x \_\_\_\_\_ Date Signed: \_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE (print name)

**PLAYER INFORMATION SHEET**

1. NAME \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Last) (First) (Middle)

EMAIL \_\_\_\_\_ Player's Cell PHONE \_\_\_\_\_

2. ADDRESS \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Street) (City) (Zip)

3. BIRTH DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Month) (Day) (Year) (City) (State)

4. TEAM AND LEAGUE LAST SEASON \_\_\_\_\_

5. TELEPHONE \_\_\_\_\_

6. PRIMARY POSITION PLAYED \_\_\_\_\_ SECONDARY \_\_\_\_\_

7. BATS \_\_\_\_\_ THROWS \_\_\_\_\_

8. HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

9. CAP SIZE \_\_\_\_\_ WAIST SIZE \_\_\_\_\_ SHIRT SIZE \_\_\_\_\_