

Printable Player Contract

Bayhawks Collegiate Baseball (BCB)
2025 Player Contract

SECTION I

Players Name _____ Date of Birth _____

Home address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Position _____ Bats _____ Throws _____ Height _____ Weight _____

College _____ Class in fall 2025: (Soph, Junior, etc.) _____

SECTION II (please explain/elaborate for any questions answered "yes")

I am covered for hospitalization and medical care under policy # _____

issued by _____

Current physician? Dr. Name _____ Phone: _____

Allergic to any medications? Yes/No _____ Explain: _____

Have you ever suffered a serious injury (e.g., concussion, broken bone) or chronic illness?

Yes/No _____ Explain: _____

Any medical information (e.g., conditions, injuries or illnesses) that BCB should be aware of?

Yes/No _____ Explain: _____

SECTION III

I hereby agree to play baseball for the Bayhawks Collegiate team for the season beginning May 1, 2025 and ending August 31, 2025 and that the information above is correct and that I have status as an amateur player and still have current NCAA eligibility.

I agree not to leave the team before August 1, 2025.

I hereby agree to immediately disclose to my team manager any changes (including medical changes) or new conditions to any of the information above after this contract is signed.

I agree to take proper care of my uniform and other equipment that is issued to me and return it to the proper team officials upon request.

I hereby understand and agree that my participation with the Bayhawks Baseball team is at my own cost and risk, and that I am not entitled to any compensation or remuneration of any nature.

I hereby grant permission to any coach, manager or BCB official to obtain medical care, including (but not limited to) from any licensed physician, hospital, medical clinic, first responder, etc. for me in the event that I am injured or become ill while playing or traveling to and from BCB practices or games.

I and my parent or guardian agree to release, absolve, indemnify and hold harmless team officials and BCB officials, umpires, national affiliation organization and anyone involved with BCB from any claim arising out of any injury, illness, contagious disease, accident, loss, or negligence arising from participation on the BCB Team.

Player Signature _____ **Date** _____

Parent Signature _____ **Date** _____

(Parent's signature required if player is under age 18)

Team Manager _____ **Date** _____