



## **2019 ABCCL PLAYER CONTRACT**

Team: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Name of Player: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

College (Spring 2019): \_\_\_\_\_ BB Year In School (as of Fall 2019): \_\_\_\_\_

Campus Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

☐ **Out-of-State Players Only** Please check this box if you wish to be employed during the 2018 summer league session. The League is not required to secure employment for you; however, by indicating your interest in employment, league representatives will be able to assist you better.

☐ Please check this box if you will need housing during the 2019 summer league session.

I, the undersigned player, hereby contract to play baseball with the \_\_\_\_\_ team in the Atlantic Baseball Confederation Collegiate League (ABCCL) for the 2019 season. I understand that this contract will remain in force throughout the 2019 season and may be invalidated only by the League directors and team manager.

By signing this document I agree to pay the required team registration fee in a timely fashion and not to participate on other non-league teams, sanctioned or otherwise.

I understand that this contract is a direct offer of the team to fill a place on its roster in accordance with League regulations, and that failure to sign and return this contract by the required date (\_\_\_\_\_) will cause the team to remove me from the roster.

I understand that I may be released from this contract only in the event of my signing a professional contract; being selected to an active traveling all-star team sanctioned by or sponsored by the NCAA, the U.S. Olympic Committee or any of its subordinate committees, or a similar amateur athletics authority; and/or by written mutual consent of the commissioner or president of both involved leagues.

I am also aware that at the Manager's option I must return all equipment and uniforms issued to me during the season to the Manager when leaving the team.

**By signing this agreement, I certify that I will not use any form of tobacco during practice sessions or contests. And I have read agreed to the ABCCL Player Guidelines.**

I understand that this contract is not valid until each of the requested signatures is obtained.

Intending to be legally bound hereby, I have signed this contract.

Player's Signature \_\_\_\_\_ Date \_\_\_\_\_

Athletics Director's (or Head Coach) Signature \_\_\_\_\_ Date \_\_\_\_\_

Team/League's Signature \_\_\_\_\_ Date \_\_\_\_\_