



## **Player Registration Form 2019 Season**

(All fields must be completed. Please Print)

**Player Name:** \_\_\_\_\_

**ABCCL Team:** \_\_\_\_\_

**College:** \_\_\_\_\_ **Coach:** \_\_\_\_\_

**Coach Cell Phone Number:** (required) \_\_\_\_\_

**College Coach Email:** (required) \_\_\_\_\_

**Parent's Email:** (required) \_\_\_\_\_

**Home Mailing Address:** (required) \_\_\_\_\_

**Street:** \_\_\_\_\_

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

**Phone** Home: \_\_\_\_\_ Cell: \_\_\_\_\_

**Email:** Summer: \_\_\_\_\_ School: \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Throws (L/R):** \_\_\_\_\_ **Bats (L/R/S):** \_\_\_\_\_

**Primary Position:** \_\_\_\_\_ **Secondary Position/s:** \_\_\_\_\_

### **ABCCL Team Fee: \$595.\***

\*Covers only a portion of each team's expenses including cost of insurance, uniforms, baseballs, equipment, field and light rentals, field maintenance charges, umpires, All-Star game expenses, coaches and scorekeeper fees, etc.. You will have the opportunity to recoup this expense. Ask your ABCCL GM no later than February 1<sup>st</sup> about this opportunity.

**Payment/checks** should be made out to the **ABCCL (team name )** and mailed to **295 N. Michigan Avenue, Kenilworth, NJ 07033** or team address by the date specified by your GM. **Credit card payment** may also be made via PayPal. Please **contact your GM to discuss this and any payment plan options.**

### **TEAM FEE PAYMENT RESPONSIBILITIES AND REFUNDS**

I understand that my ABCCL team has made a commitment to me by reserving a roster spot for the summer collegiate season and related expenses. I agree to pay the current Player Registration Fee as noted on the Registration Form in a timely fashion. I understand that this fee is not refundable, all or in part, except under certain specific conditions, including:

1. The fee is fully paid, but I am injured, suffer a serious illness, experience a family or personal emergency or other serious unforeseen circumstance **PRIOR TO THE START OF THE SEASON**. In these instances, the team may issue a refund **EXCLUSIVE** of any portion of the fee that has been used to purchase my uniform and/or other team operating expenses which benefit me as a member of the team.
2. The fee is fully paid, but I am injured, suffer a serious illness, experience a family or personal emergency or other unforeseen circumstance **AT ANY TIME AFTER THE SEASON HAS BEGUN**. The team, at its sole discretion, may issue a **PARTIAL** refund that takes into consideration the cost of my uniform and/or portions of other expenses the team has incurred as a result of my registering to play for the team.

I further agree and understand that the collection and use of my registration fee is the responsibility of the individual TEAM. Likewise, the TEAM is the sole deciding party should I request a refund. The League (ABCCL) is in no way responsible in these matters. *Note: Internships, vacations, coaching decisions and the like will NOT be considered serious unforeseen circumstances.*

**ABCCL** ▢ 295 N. Michigan Avenue ▢ Kenilworth, NJ 07033

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