



ATLANTIC BASEBALL CONFEDERATION

ABC COLLEGIATE LEAGUE JERSEY SHORE FALL BASEBALL

ABCSUPERLEAGUE@AOL.COM

174 DEEPDALE DRIVE * MIDDLETOWN, NJ 07748 * TEL 732-671-4370 FAX 732-671-7538

2012 ABC COLLEGIATE LEAGUE (ABCCL) PLAYER CONTRACT

Team: _____ Date Issued: _____

Name of Player: _____ Date of Birth: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Social Security Number: _____ Home Telephone (_____) _____

College (Spring 2012) _____ Year In School (as of Fall 2012) _____

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 2012 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 2012 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 2012 season. I understand that this contract will remain in force throughout the 2012 season and may be invalidated only by the League directors and team manager.

By signing this document I agree to participate on other non-league teams, sanctioned or otherwise, only to the extent allowed by team and League rules.

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 this contract by the required date (January 1, 2012 **or** as directed by your ABCCL team) 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; or by written mutual consent of the commissioner 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 and 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 official representative) Signature _____ Date _____

Team/League's Signature _____ Date _____