



## 2018 ABCCL PLAYER CONTRACT

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

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

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

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

College (Spring 2018): \_\_\_\_\_ BB Year In School (as of Fall 2018): \_\_\_\_\_

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 2018 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 2018 season. I understand that this contract will remain in force throughout the 2018 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 official representative) Signature \_\_\_\_\_ Date \_\_\_\_\_

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