



Player Registration Form 2018 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 1st about this opportunity.

Payment/checks should be made out to the **ABCCL (team name)** and mailed to **P.O. Box 4279, Middletown NJ 07748-3907** or team address by the date specified by your GM. **Credit card payment** may also be made via PayPal contact your GM to discuss this option 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.*