



# 2020 FALL BALL Team Registration

Team Name: \_\_\_\_\_ (TEAM)

2020 League/Age: 8U 9U 10U 11U 12U 13U 14U 15U 16U 18U

Tentative Division: \_\_\_ Community \_\_\_ Advanced \_\_\_ Open City of your expected home field: \_\_\_\_\_

### Team Representative:

Name: \_\_\_\_\_ Position: \_\_\_ Head Coach \_\_\_ Team Manager/Admin  
 Street Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 City / Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

To reserve a spot in 2020 FALL BALL, please submit a non-refundable league fee of \$300. Please make all checks payable to "KVBSA". There is a \$40.00 returned check fee.

As the official representative for TEAM:

- I agree to hold harmless and indemnify the KVBSA and its representatives for any accidents, illnesses, or mishaps whatsoever which may occur from participating in KVBSA programs.
- I do hereby state that all coaches and on-field personnel participating with TEAM will be on the TEAM's approved league roster and each participant will meet the State of Michigan's requirements for concussion awareness training.
- I do hereby state that all players participating with TEAM will be on the TEAM's approved league roster and each participant will meet the State of Michigan's requirements for concussion awareness training.
- I do hereby state that all persons on the TEAM's approved roster will have a properly executed participation form submitted to the league prior to their participation in any league game.
- I do hereby state that all persons on the TEAM's approved roster will have a properly executed Return to Play Waiver form submitted to the league prior to their participation in any league game.
- I understand that if a person (coach, on-field personnel or player) not on the official roster participates in a league game, the forfeit deposit will be surrendered to KVBSA.
- I agree to abide by, and if necessary, enforce with all personnel participating with TEAM, the league and game rules posted on the KVBSA web site.
- I do hereby state that all players participating with TEAM meet the age eligibility and roster requirements for the age group identified above.
- I do hereby state that all of the information supplied to KVBSA on league forms and waivers will be correct to the best of my knowledge and that all TEAM participants, or their parents or guardians if under the age of 18, will have signed the forms in their own handwriting.

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This Section for League Use Only*

Registration Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Check # or Cash: \_\_\_\_\_

Form Taken By: \_\_\_\_\_