

RCBA COMPETITIVE LEAGUE TEAM ROSTER & PLAYER CONTRACT

Players listed below agree to abide by the rules of their association and the Rogers County Baseball Association. In consideration of acceptance of this contract I hereby, for my heirs, executors, administrators and myself waive and release any and all rights and claims for damages I may have against the Rogers County Baseball Association and all member associations for any injuries.

REGISTRATION FEE: All Age Divisions - \$1200

Team Name: _____ Age Division: _____

Manager: _____ Year: _____

Address: _____

NYSCA#: _____ Cell#: _____ HM#: _____ Wk#: _____

Players Name (as on Birth Certificate)

	Parents sign below Player	Home Phone#	Height	Weight	Birth Date
1.	_____	Hm#: _____	HT: _____	WT: _____	____/____/____
	SIGNED: _____				
2.	_____	Hm#: _____	HT: _____	WT: _____	____/____/____
	SIGNED: _____				
3.	_____	Hm#: _____	HT: _____	WT: _____	____/____/____
	SIGNED: _____				
4.	_____	Hm#: _____	HT: _____	WT: _____	____/____/____
	SIGNED: _____				
5.	_____	Hm#: _____	HT: _____	WT: _____	____/____/____
	SIGNED: _____				
6.	_____	Hm#: _____	HT: _____	WT: _____	____/____/____
	SIGNED: _____				
7.	_____	Hm#: _____	HT: _____	WT: _____	____/____/____
	SIGNED: _____				
8.	_____	Hm#: _____	HT: _____	WT: _____	____/____/____
	SIGNED: _____				
9.	_____	Hm#: _____	HT: _____	WT: _____	____/____/____
	SIGNED: _____				
10.	_____	Hm#: _____	HT: _____	WT: _____	____/____/____
	SIGNED: _____				
11.	_____	Hm#: _____	HT: _____	WT: _____	____/____/____
	SIGNED: _____				
12.	_____	Hm#: _____	HT: _____	WT: _____	____/____/____
	SIGNED: _____				

Coaches	Address	City & St.	Zip	
_____	_____	_____	_____	WK#: _____
_____	_____	_____	_____	HM#: _____
_____	_____	_____	_____	WK#: _____
_____	_____	_____	_____	HM#: _____

I hereby certify that the name and birthdate of the players listed above are correct and have been substantiated by the birth certificates.

Team Manager Signature: _____ Date: _____