# Tinley Park Rockers Contract – 2019-20 Season TEAM:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby agrees to play travel softball for one of the Tinley Park Rockers 12U, 13U, 14U, 16U, or 18U teams for the remainder of the 2019 and all of the 2020 season. The signing of this contract states that the player will play exclusively for one of the Tinley Park Rockers teams in PGF, ASA, USSSA, and all other softball organizations that the Rockers may play in during the remainder of 2019 and all of the year of 2020.

 **In consideration of acceptance into one of the above Tinley Park Rocker teams:**

My family and my daughter voluntarily agree to play for the Rocker team we are assigned and will comply with all fees and fundraisers that are required.

My family and my daughter understand that nonpayment or delinquent payments of player fees will result in the player being suspended from play until fees are current. The player must attend all practices and games while suspended. Excessive delinquency of fees will result in dismissal from the team.

I, my daughter, family, and friends agree to conduct themselves in a manner that will reflect favorably upon my teammates, fellow competitors, spectators, the league, any tournaments, and the game.

I, my daughter, family, and friends agree to abide by and comply with the rules and regulations adopted by the Tinley Park Rockers and in the absence of a documented rule, abide by the decision of the Tinley Park Rockers.

I understand that the violation of this contract, the rules and regulations adopted by The Tinley Park Rockers including the Code of Conduct, or the violation of certain rules of fast pitch travel softball may result in penalties, suspension or expulsion without reimbursement of any fees that may have been paid. If dismissed, I will pay all money owed to the Tinley Park Rockers, including all future fundraisers, to the Tinley Park Rockers.

 I, my daughter, family, and friends understand that certain risks of injury are inherent in my participating in the actual game, practice of, and transportation to and from, fast pitch softball, and, having full knowledge of such risk, I, my daughter, family, and friends voluntarily assume them of my own accord.

 I, my daughter, family, and friends agree not to hold the Tinley Park Rocker Board of Directors, teammates, any sponsors; any managers, coaches, officials, field owners, **all** Lincoln Way High Schools, Village of Tinley Park, Tinley Park District, Midlothian Park District, and all participating communities and their representatives - harmless of any responsibility, financial or otherwise, due to any injuries or property damage received while playing, practicing or traveling to and from events or while participating in any Tinley Park Rocker activity.

I, for myself and my daughter, my heirs, executors and administrators, hereby voluntarily release, forever discharge and agree to indemnify and hold harmless the Tinley Park Rockers Board of Directors, management and coaching staff, and all organizations from any and all claims, demands or causes of action which are in any way connected with my participation in any Tinley Park Rocker activity or my use of Tinley Park Rocker equipment or facilities including such claims which allege negligent acts or omissions of the Tinley Park Rockers.

Should the Tinley Park Rockers Board of Directors and its officials, management, and/or coaching staff, or anyone on their behalf, be required to incur attorney’s fees and costs to enforce this Agreement, I, my daughter, family, and friends agree to indemnify and hold them harmless for all such fees and costs.

**I have read and agree to all terms above (INITIAL): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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### Contract Release

It is the policy of the Tinley Park Rockers not to release players from the team so they can play for other teams. We will join most softball associations and register you as a player for our team in the 2019-2020 season. ***If a player requests a release from this contract and the Tinley Park Rockers Organization agrees to the release,*** all fees and fundraiser money (past and present) must be paid in full.

The Rockers have the right to release a player from the roster for violating any of the terms in the Tinley Park Rockers Code of Conduct. There will be no money refunded if a player or family is released for violating the Code of Conduct.

I have read and agree to all terms above (**INITIAL) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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### Fundraisers

My family will participate in all mandatory fundraisers. If for some reason we can’t participate, we will make financial payments to the Rockers to cover the money that the fundraiser would lose. We understand that the Tinley Park Rockers will determine what the acceptable payment will be for not participating in each fundraiser.

I have read and agree to all terms above (**INITIAL) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I have read, understand and accept all the above sections and certify under penalty of suspension and forfeiture of fees that all the information listed herein is correct and I accept each of the above sections**

Parent or Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Players Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Tinley Park Rockers Player Waivers 2019-2020 Season

**I hereby authorize in advance any necessary medical treatment required by the above named participant while in attendance of any Tinley Park Rocker activity. I also acknowledge that I have/will notify the Tinley Park Rocker Organization personnel of any special medical needs or information required by the above named participant.**

**Signature of Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Alternate Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Alternate Emergency Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Health Insurance Policy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Policy Holders Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any Medical Conditions to know:**