

PREMIER SUPER-8 CONTRACT 200_

HIGH SCHOOL LEAGUE _____ **PREMIER SUPER-8 LEAGUE** _____

SUMMER	FALL	TEAM	GRADE 8 9 10 11 12
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PLAYER INFORMATION:

LAST NAME _____ **FIRST NAME** _____ **DOB** _/ _/ _

HIGH SCHOOL _____ **CLASS OF** _____

ADDRESS _____ **CITY** _____ **ZIP** _____

MAIN CONTACT PHONE: _____ **PLAYER CELL:** _____

ANY MEDICAL CONDITIONS: YES or NO

IF YES EXPLAIN:

PARENT/GUARDIAN INFORMATION:

FATHER NAME (LAST, FIRST)	FATHER CELL PHONE	FATHER EMAIL ADDRESS
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MOTHER NAME (LAST, FIRST)	MOTHER CELL PHONE	MOTHER EMAIL ADDRESS
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SUMMER AND FALL BASEBALL BY SIGNING BELOW YOU WILL BE A MEMBER OF THE TEAM LISTED FOR EACH SEASON, WHETHER, IN THE LINE-UP OR ON THE BENCH. TRANSFER TO OTHER TEAMS WILL BE ENTIRELY ON THE LEAGUE OFFICIALS. THERE WILL BE NO ILLEGAL DRUGS OR ALCOHOL PERMITTED AT ANY EVENT. IF THERE IS A VIOLATION THE PLAYER OR PARENTS WILL BE DISMISSED FROM THE LEAGUE. BY SIGNING BELOW, YOU (PARENT/GUARDIAN) OF THE ABOVE MENTIONED PLAYER, AGRE AND ACCEPT RESPONSIBILITY FOR ALL FEES/DUES OWED TO TEXAS STIX BASEBALL. NO REFUNDS. ALSO BY SIGNING THIS CONTRACT YOU AGREE TO RESPECT ALL COACHING DECISIONS (PLAYINGTIME) ON AND OFF THE FIELD.

_____ **BASEBALL SEASON FEE:**

PLAYERS SIGNATURE

DATE SIGNED _____

\$ _____

_____ **PARENTS SIGNATURE**

DATE SIGNED _____

AFFIDAVIT OF INDEMNITY

AS INDUCEMENT OF SUPER-8/GAPT/ARLINGTON A'S AMATEUR BASEBALL LEAGUE (GAPT HEREIN) TO ACCEPT THIS PLAYER IN THE BASEBALL PROGRAM OFFERED BY GAPT IN THE DFW AREA. WE HEREBY WAIVE ANY AND ALL CLAIMS AND CAUSES OF ACTION FOR DAMAGES FOR PERSONAL INJURIES OR OTHERWISE TO THE PLAYER WHICH MAY ARISE BY VIRTUE OF ACTS, OR OMISSIONS TO ACTS, NEGLIGENCE OR OTHERWISE ON THE PART OF GAPT BATTING CAGES, AND ALL OF THEIR RESPECTIVE DIRECTORS, OFFICERS, EMPLOYEES, MANAGERS, COACHES, AGENTS, UMPIRES, SCORERS, HIGH SCHOOLS, COLLEGES, THEIR FIELDS, AND SPONSORS (ALL INDEMNITIES HEREIN), AND AGREE TO HOLD SAID INDEMNITIES HARMLESS AND INDEMNIFY THEM AGAINST ALL CLAIMS THIS AFFIDAVIT OF INDEMNITY EXTENDS TO ANY CLAIM, SUIT, OR ACTION BROUGHT BY THE PLAYER OR ON HIS BEHALF OR BY OR FOR MY(OUR) BENEFIT, OR BY OR FOR THE BENEFIT OF ANY OTHER PERSON OR ENTITY IT BEING MY(OUR) SPECIFIC INTENT TO FULLY INDEMNIFY AND HOLD HARMLESS THE INDEMNITIES LISTED HEREIN WITHOUT LIMITATIONS OF ANY KIND AS TO PARTY, NATURE OF CLAIM OR TIME OF INTERVAL INVOLVED. I(WE) UNDERSTAND AND AGREE THAT GAPT DIRECTORS, OFFICERS, MANAGERS, COACHES, EMPLOYEES, HIGH SCHOOLS, COLLEGES, THEIR FIELDS AND SPONSORS HAVE NO OBLIGATION TO PAY OR FURNISH INSURANCE TO PAY ANY MEDICAL, DENTAL OR HOSPITAL BILLS THAT MAY BE INCURRED BY AN PLAYER. I(WE) HEREBY ACCEPT SOLE RESPONSIBILITY FOR ANY SUCH BILLS THAT MAY ARISE FROM INJURY TO THE PLAYER. IF THE PLAYER IS INJURED, I(WE) AGREE TO HOLD HARMLESS AND AUTHORIZE ANYONE AVAILABLE TO PROVIDE HIM WITH WHATEVER FIRST AID OR EMERGENCY TREATMENT THAT MAY BE DEEMED APPROPRIATE AT THE TIME. I(WE), FURTHER WAIVE ANY AND ALL RIGHTS, CLAIMS, ACTIONS, CAUSES OF ACTIONS, OR SUITES. I(WE), OR EITHER OF US, MAY HAVE OR MAY HEREAFTER HAVE AS A RESULT OF ANY PERSONAL INJURY OR PROPERTY DAMAGE I(WE) MAY INCUR WHILE IN ATTENDANCE AT ANY PRACTICE, SCRIMMAGE, GAME, PERSONAL INSTRUCTION OR OTHER ACTIVITY OF GAPT. THIS AFFIDAVIT OF INDEMNITY EXTENDS TO ANY CLAIM, SUIT OR ACTION BROUGHT BY ME(OR US) FOR ON MY (OUR) BEHALF, OR FOR OR ON BEHALF OF ANY OTHER PERSON OR ENTITY, IT BEING MY(OUR) SPECIFIC INTENT TO FULLY INDEMNIFY AND HOLD HARMLESS THE INDEMNITIES LISTED HEREIN WITHOUT LIMITATIONS OF ANY KIND TO PARTY, NATURE OF CLAIM, AMOUNT OF CLAIM OR TIME INTERVAL INVOLVED. I(WE) FULLY UNDERSTAND THE IMPORT AND SIGNIFICANCE OF SIGNING THIS AFFIDAVIT OF INDEMNITY AND HAVE SECURED THE ADVICE OF AN ATTORNEY IF I(WE) DEEMED IT NECESSARY TO MY(OUR) FULL UNDERSTANDING. I(WE) FURTHER UNDERSTND THAT GAPT HAS NO OBLIGATION TO ACCEPT THE PLAYER AS A PARTICIPANT AS A PLAYER AND I(WE) DEEM IT A MATERIAL BENEFIT AND SUFFICIENT CONSIDERATION FOR THE GIVING OF THE AFFIDAVIT OF INDEMNITY.

PARENT/LEGAL GUARDIAN SIGNATURE _____ **DATE** _____