

Language Of Baseball LLC. – TRAVELING SAINTS – Summer 2019

This agreement is held between (name of parent/guardian)\_\_\_\_\_

And player\_\_\_\_\_ and the Language of Baseball LLC, dated: \_\_\_\_\_

I certify that my child is in excellent health and may participate in strenuous physical activities, including baseball. I certify that there is no limits to my child’s participation except as stated in writing and include with this agreement. I hereby authorize members of the Language Of Baseball LLC. to act as my agent to secure emergency medical treatment for my child, when in the opinion of the staff’s representatives such emergency treatment is deemed appropriate during the time my child is in attendance during events. I hereby agree to hold the Language Of Baseball LLC. and its representatives harmless for exercising their judgment in authorizing such emergency medical treatment. I agree the Language Of Baseball LLC. will cover general and accident insurance that will be activated only after the players primary insurance is used.

(State the name of primary insurance carrier \_\_\_\_\_).

I agree to pay the sum of \_\_\_\_\_ to the Language Of Baseball LLC.

I understand that this fee collected is not refundable or transferable for any reason. If using the (5) payment plan, I agree to make a payments by the 15<sup>th</sup> of the month, and I agree to have full payment in by May 15<sup>th</sup> 2019.

It is agreed that Language Of Baseball LLC will enroll (name of player)\_\_\_\_\_

\_\_\_\_\_ **Traveling Saints-** 2019 Summer Season

Fee includes team practices and team games, umpire fees, field fees, insurance, coaching fees, local games with other select baseball teams, One Game Cap and Two Game Jerseys.

\* Failure to follow team rules may lead to removal from team roster.

Signature / Parent/Guardian: \_\_\_\_\_ Date:\_\_\_\_\_

Language Of Baseball LLC.

Officier:\_\_\_\_\_ Date:\_\_\_\_\_

Make / Mail Check To:  
LANGUAGE OF BASEBALL LLC  
348 Pittsburgh Mills Circle  
Tarentum, PA. 15084

Credit Card Payment:

Name on Card \_\_\_\_\_

Card # \_\_\_\_\_

Expires: \_\_\_\_\_

# on back of card: \_\_\_\_\_

Billing Address Street / Town / Zip / State:

\_\_\_\_\_

**PLEASE WRITE CLEARLY... This info will go on our 'scout sheet'.**

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Parents Cell Phone \_\_\_\_\_

Players Cell Phone \_\_\_\_\_ Graduation Year \_\_\_\_\_

E-mail \_\_\_\_\_ Mom/Dad/ Siblings Names \_\_\_\_\_

Player's Date of Birth \_\_\_\_\_ Player's HT \_\_\_\_ Player's WT \_\_\_\_ GPA \_\_\_\_ SAT \_\_\_\_

Player's (3) favorite uniform number choices – list – top choices first \_\_\_\_\_

Player's Jersey Size? \_\_\_\_\_

List player's two best positions \_\_\_\_\_

Along with being prepared in the classroom, baseball field, players are encouraged to prepare their hearts to hear and listen to God's calling for their lives. This is best accomplished by the DAILY READING OF THE BIBLE.

All players encouraged to commit to the DAILY reading of God's Word in the HOLY BIBLE.  
(7 days per week)

By committing to improve my actions and decisions in the classroom, on the practice field, and with the daily commitment of reading of the HOLY BIBLE, our players will INCREASE their lives beyond baseball. It is with the understanding that players may have schedule conflicts and that accomplishing the listed routines is difficult.

But doing my BEST - with – ALL OF MY HEART - for Christ our Savior (Colossians 3:23) is our goal.

ADDITIONAL PLAYER RULES –

1. Listen to the Coach.
2. Respect Your Teammates.
3. No Throwing Equipment. Will lead to REMOVAL FROM GAME !
4. Be On Time to Games and Practices.
5. Know the PLAYBOOK!
6. No Jewelry or Cell Phones, Allowed during practices or games,
7. No wearing Hats / Caps inside – example - hotel eating areas, or restaurants.
8. NO HAIR SHOULD BE OVER THE EARS, OR LONGER THAN ¾ OF DOWN THE NECK.

By signing below – you agreed to and have read the contents of the agreement and understand the level of commitment both I and my teammates agree to.

Players NAME: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you, I am looking forward to being your Coach and Mentor !

~Coach Dave Kirilloff

