

18 & Over / 28 & Over Adult Wood Bat Summer League

3425 SE Raymond St, Portland, Oregon 97202 * NWIBL Office (866) 858-1174 * Email: <u>Baseball@nwibl.org</u>, Website: /www.nwibl.org

PLAYER REGISTRATION FORM

Player Name	Date of Birth
Player Mailing Address	
City, State, Zip	_Phone #'s
Email:	Position(s) Played

RULES AND CONDITIONS

By signing or affixing name to this form or by participating or agreeing to participate in any league event all players, coaches and managers agree to abide by all league rules and conditions, all rulings, decrees, and determination of the league commissioner, and all league policies regarding personal conduct in relation to all league events. Any violation of league rules, conditions, or policies may be subject to fine, suspension or expulsion to be imposed at the discretion of the league commissioner.

RELEASE OF LIABILITY AND CONSENT

THE UNDERSIGNED ("Participant") is over the age of 18 and wishes to participate in Northwest Independent Baseball League, a non-professional adult baseball league. Participant has been advised that Northwest Independent Baseball League does not carry insurance for any injuries that the participant may receive or incur while participating in Northwest Independent Baseball League and participant must make their own arrangements for insurance. I residing at the listed address, execute this Release and Consent with the express intention of extinguishing any claims as hereby set forth.

STIPULATIONS

Whereas Northwest Independent Baseball League is conducting a program of a supervised athletic event, and whereas, I desire to participate in said program, in consideration of the above representations, I, for myself and my heirs, legal representatives and assigns, release and discharge Northwest Independent Baseball League, its officers, directors, and employees, from liability or causes of action for personal injury or any other losses as a result of my participation in any Northwest Independent Baseball League event, I have read the Release and Consent and understand all of its terms and conditions. I have executed voluntarily and with full knowledge of its legal significance.

PLAYER SIGNATURE	DATE
PLAYER SIGNATURE	guardian for participation.
Parent or Legal Guardian Name	DATE
Mailing Address	City, State, Zip
Phone_#'s	Signature
NWIBL GLADLY ACCEPTS MAJOR CR	EDIT CARDS FOR PAYMENT OF YOUR PLAYER FEE
VISA /MCA Credit Card Number	Expires
Cardholder name as it appears on card	
I agree to pay the total amount of \$	according to card issuer agreement.
Cardholder Signature	Date
Player fee \$350.00 (NO REFUNDS) To pay by Master	card or VISA complete and sign above. To pay by check or money or

Player fee \$350.00 (*NO REFUNDS*) To pay by Mastercard or VISA complete and sign above. To pay by check or money order please make payable to Duane Wangenheim. Mail completed, signed application with complete payment of \$300.00, *NO PARTIAL PAYMENTS PLEASE*, to **3425 SE Raymond St, Portland, Oregon 97202**.



As a member of Northwest Independent Baseball League organization, I recognize that:

*Summer Adult baseball represents those things which are great about the sport of baseball and amateur athletics.

*I am an ambassador for my community, for baseball, this league, for amateur athletics, for my team and for myself.

- *The behavior of any single player (or group of players) can have an impact upon the team and its reputation in the community. It's young people, and within the baseball community.
- *I have an obligation to conduct myself on and off the field in ways which bring honor and distinction to myself, my teammates, this team, this league, all of baseball and this community.

I therefore pledge that:

- *My actions on and off the field will be positive and I will strive to be a model citizen, to help create a positive perception of myself, my team and baseball.
- *I will show consideration for the general public; and any hotel at which the team may stay while traveling; for others any time we are public.
- *I pledge to do everything I can, on and off the field, to help create a positive perception of myself, my team and summer adult baseball.

I understand that:

- *The management of NWIBL will have <u>no tolerance</u> for behavior which casts the team, league and baseball in an unfavorable light. The consequences will be:
- My tenure as a member of NWIBL will come to an immediate end.
- Other teams will be notified that I have been dropped from the roster and why.

Clearly print your name:

Player

Signed by_

_on___

Date signed

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