## **Maui Adult Baseball League Participation Contract**

Name:	DOB:		
Address:			
City:	_ Zip Code:	Phone:	Cell or Home
Email:	AAI	UI A	
Driver's License Number:	-		<u> </u>
Emergency Contact:		Phone:	
I hereby agree and consent to t	he following paran	neters as conditions of par	rticipation in the Maui Adult
Baseball League (MABL):			
I will observe all rules as estab times.	lished by the Maui	Adult Baseball League's	Board of Directors at all
I understand that fighting, physoffensive language will not be banishment or suspension from	tolerated by the M.	ABL and violation of this	
I certify that I am, or will turn	25 years of age this	s calendar year.	
I realize that the total responsible person while participating in A to any MABL mandated or school for any reason are mine.	NY MABL activit	y, game, practice or funct	ion, including, but not limited
I realize that there is no guaran playoff or tournament play.	ateed playing time o	on any given team, associa	ated with regular season,
By signing this agreement I rel	ease the MABL from	om any liabilities or cost.	
I fully agree that the terms and	conditions of this	agreement are binding.	
I represent that I am at least 18 competent to execute this agree		read and understand the a	above statement, and am
Player's Signature:		Date: _	