## **MMBL 2024 COLLEGE PLAYERS REGISTRATION**

- PLEASE WRITE LEGIBLY -

PLAYERS NAME \_\_\_\_\_ PARENTS NAME \_\_\_\_\_

nome Street Address	
City	State Zip Code
Player's E-mail	Parent's E-mail
Player's Cell Phone	Home Phone Number
Emergency Contact's Name	Phone
PLAYER'S: Date of Birth	Age Jersey Size Bat Size (inches)
POSITION: Primary Position	Secondary Position
PLAYER PROFILE - ALL I	INFORMATION REQUIRED
This Section for Graduating High School Seniors	This Section for Current College Players
Bats: R / L Throws: R / L Height Weight	Bats: R / L Throws: R / L Height Weight
High School Attended	College Attending
Graduation Year	Year in School (Spring 2024)
Name of High School Coach	
High School Coach's E-mail	Name of College Coach
College Planning to Attend	College Coach's E-mail
Year in School (Spring 2024)	Eligibility: On College Team Roster? (check one)
Name of College Coach	☐ Yes ☐ No ☐ Red-Shirted
College Coach's E-mail	If No, why?
Eligibility: Signed National Letter of Intent? (check one)	
☐ Yes ☐ No, preferred walk-on ☐ No, walking on	
THE MMBL HAS 6 TEAMS WITH AN 18-MAN PE	the team you played for
MMBL POSITION PLAYERS: \$475	**MMBL PRIMARY PITCHERS ONLY: \$375
**Fee reduction is strictly for primary pitch	hers who do not bat or play another position.
Registrations are taken on a first come, first serve basis. Once <b>Payment:</b> Players who register AFTER Sunday May 19th, 202	e all spots are filled, a wait-list will be formed. 24 will need to pay \$500 for Position Players & \$400 for Pitchers
PAY BY CHECK: PLAYER RESPON	
Please make checks payable to MMBL  MAIL TO:  Participate in all pra	ractices and games for your team unless you obtain prior consent from coach.
MMBL ◆ Provide your own tr	transportation to and from games.
830 Brookwood Drive,  Wetumpka, Alabama 36093  ◆ MMBL expects each and be a role mode	ch player to maintain impeccable moral standards, abide by NCAA guidelines, el in our community.
By signing below, I agree to my responsibilities and terms outlined above. I am a pitcher only. I understand that 1/2 player's fees refunds are only issued	agree to pay the league fee of \$475.00 if I am a position player or \$375.00 if I ad for an injury substantiated by a doctor.

Player's Signature: \_\_\_\_\_ Date: \_\_\_\_

## Montgomery Metro Baseball League General Release and Indemnification Agreement

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT. THIS FULLY SIGNED FORM MUST BE SUBMITTED BY A PARENT OR LEGAL GUARDIAN BEFORE ANY PLAYER IS ALLOWED TO PARTICIPATE IN THE MONTGOMERY METRO BASEBALL LEAGUE.

I, the undersigned, wish for my Child (hereafter "Child") to participate in the above referenced league (hereafter "league") on the date(s) and location indicated above and, in consideration for my Child's participation, I hereby agree as follows:

I acknowledge, understand and appreciate that as part of my Child's participation in the MMBL there are dangers, hazards and inherent risks to which my Child may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. I further realize that participating in the MMBL may involve risks and dangers, both known and unknown, and have elected to allow my Child to take part in the MMBL. Therefore I, on behalf of my Child, voluntarily accept and assume all risk of injury, loss of life or damage to property arising out of training, preparing, participating and traveling to or from the MMBL.

I, on behalf of my Child, hereby release the **Montgomery Metro Baseball League**, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, the Conference Services Office, the **MMBL** coaching Staff, and all other officers, directors, employees and agents (hereafter "**MMBL**") from any and all liability as to any right of action that may accrue to my heirs or representatives for any injury to my Child or loss that my Child may suffer while training, preparing, participating and/or traveling to or from the games. This agreement is binding on my heirs and assigns.

I, on behalf of my Child, furthermore release, indemnify and hold harmless **MMBL** from and against any and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to person or property that my Child may suffer, for which my Child may be liable to any other person, that may or does arise out of my Child's participation in the **MMBL**. I understand that the **MMBL** accepts no responsibility for my Child's personal property.

In the event of an accident or serious illness, I hereby authorize representatives of **MMBL** to obtain medical treatment for my Child on my behalf. I hereby hold harmless and agree to indemnify **MMBL** from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries to my Child that may occur during his/her participation in the **MMBL**.

This RELEASE shall be governed by and construed under the laws of Alabama. I agree that any legal action or proceeding relating to this RELEASE, or arising out of any injury, death, damage or loss as a result of my Child's participation in any part of the **MMBL**, shall be brought only in Montgomery County, Alabama.

This RELEASE contains the entire agreement between the parties to this agreement and the terms of this RELEASE are contractual and not a mere recital. The information I have provided is disclosed accurately and truthfully. I have been given ample opportunity to read this document and I understand and agree to all of its terms and conditions. I understand that I am giving up substantial rights (including my right to sue), and acknowledge that I am signing this document freely and voluntarily, and intend by my signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law. My signature on this document is intended to bind not only myself and my Child but also the successors, heirs, representatives, administrators, and assigns of myself and my Child.

A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 19

Participant Name	
Participant Signature	Date
Parent Name	
Parent Signature	Date