

PLAYER RECRUITMENT CONTRACT  
Lee's Summit Baseball Association

Contract No. \_\_\_\_\_

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street City Zip  
Home Phone \_\_\_\_\_ 2nd Phone \_\_\_\_\_ Age \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_

I understand that by signing this agreement to play for the team managed by

\_\_\_\_\_, I am committed to play on that team. I further understand that by signing an agreement with another manager will void both agreements and place my name in the draft pool. I am required to pay applicable fees and complete a standard association contract prior to any participation.

Signature of Player \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

\*If new to the program a copy of birth certificate must be attached.

(LSBA-'91)