

SPONSOR DESIGNATED PLAYER
Lee's Summit Baseball Association

Date: _____

Sponsor: _____

Player Name: _____

Address: _____

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-'15)