

BALTIMORE COUNTY MAJOR LEAGUE BASEBALL, INC.
2010 Season
PLAYER AGREEMENT

PLEASE COMPLETE ALL QUESTIONS. ALL INFORMATION IS MANDATORY.

Team Name: _____ Date: _____

G Returning Player* G New Player** G Released Player from _____

Player Name: _____

Address: _____ Zip Code: _____

Home Phone: _____ **E-mail address:** _____

Date of Birth: _____ Current High School/college: _____

**a player who played for this same team in 2009 (if he only played Fall 2009 ball and not 2009 Spring, he is considered NEW)
 **a player who did not play for any team in this league in 2009 or a 15 year old player who played for this same recreation council's 13-14 team in 2009 but was not on any 15-19 roster for Spring 2009.*

NEW PLAYERS must attach proof of age (valid learners' or drivers license or birth certificate) and proof of area (current high school report card). Other forms of ID must be approved by Commissioner. Photocopies no originals.

Name(s) of team(s) played for in (please indicate if a Metro/Club/Am. Legion/other team)

Spring of 2010 (High school): _____ Varsity G Yes G No JV G Yes G No

Fall ball 2009: _____ BCML G Metro G Club G Other G

Summer of 2009: _____ BCML G Metro G Club G Other G

Spring of 2009 (High school): _____ Varsity G Yes G No

Fall ball 2008: _____ BCML G Metro G Club G Other G

Summer of 2008: _____ BCML G Metro G Club G Other G

Spring of 2008 (High school): _____ Varsity G Yes G No

Fall ball 2007: _____ BCML G Metro G Club G Other G

Summer of 2007: _____ BCML G Metro G Club G Other G

Medical Information:

Physician's Name: _____ Phone: _____

Describe any medical conditions, including allergies, blood disorders, permanent physical and/or medical conditions, or special medication requirements: _____

Are you covered by medical insurance? GYes G No

Emergency Information:

If you live with your parent(s) or legal guardian, please list ANOTHER relative or responsible adult:

_____ Phone: _____

G Other Parent G Grandparent G Aunt/Uncle G Specify other: _____