



FALL 2023

- League office requires original
AAD/USSSA COMPETITIVE LEAGUE
PLAYER/PARENT AGREEMENT AND CONTRACT
 (Form to be photocopied and the original submitted to the league office, for each player)

I, _____, PLAYER, and _____ PARENT have been informed of the Rules of Play, Policies and Procedures and Code of Conduct concerning the upcoming 20__ Spring / Fall (circle one) USSSA competitive league season and are committing to the _____ team. This agreement is enforce starting on the date/time below and expires at the conclusion of the last game of the specific league season stipulated above.

PLAYER –

By signing this agreement, I understand and agree to the following:

1. I am entering into a **COMPETITIVE** program, with no guarantees made, by AAD/USSSA, with respect to playing time or playing position on the team with which I have committed to.
2. If I **voluntarily** quit the above team, I will not be eligible to play, on any age league team, during the current league season, unless released by the manager of the team AND a waiver is granted by AAD/USSSA.
3. I have read the Leagues Policies, Player/Parent/Manager Handbook and Code of Conduct and agree to abide by all provisions.

Player Signature: _____

(We realize a minor’s signature is not binding – this if for education and clarification purposes only)

PARENT-

As a parent / guardian, I agree with the above, (for my child), and further more agree to the following:

1. There will be **NO** individual refunds from the league. All payments or refunds are subject to agreements between the management of the team and the parents involved. AAD/USSSA highly recommends that you obtain documentation of itemized fees charged by the management of the team and the terms of payment and/or refunds. I understand that any documented, itemized and signed in acknowledgement of, individual player debts to this team, or any AAD/USSSA vendor or partner, incurred for and pertaining to this specific league season or any previous season, must be paid prior to being eligible to join any other team.
2. 100% of the league fees will be refunded any team wishing to withdraw from the league prior to the \$500.00 deposit deadline date. After that date the league will process the USSSA team registration, insurance, field deposits, web site access and purchase balls out of the team’s deposit / payments. Once those deposit payment purchases are made, they are non-refundable. Any funds not expended and associated with your team, from the deposit amount, will be refunded.
3. After the balance payment deadline has passed the schedules are produced any team that drops from the league may not receive any refunds. If by act of god or government mandate the league is cancelled the team will receive a prorated refund of up to the 60% direct costs, based on the number of games not played vs planned, that have not been expended on the team’s behalf. Approximately 40% if the total payment may be withheld to cover the indirect expenses that occur prior to the first game being played or the time of cancellation.
4. Parents or participants are **not** to receive any compensation, direct or indirect, for playing with this team, nor will a “buy out” provision be allowed and no monetary value can be placed on the Player/Parent Agreements. Scholarships, specific to the costs associated with direct participation in the program and provided by the team, are acceptable.
5. Players are **not** permitted to play on more than one team in the same league age division. This includes single year age divisions that are combined into one league program. If a player is approved to play on a second team, in different age divisions, this agreement must be secured prior to the start of this league season. Players may **not** join a second age division team, if they quit their original team, unless released by the original team’s manager after the season has started. If a player quits a team all debts and obligations (outlined in Parent 1 above) to that team must be resolved prior to joining another team regardless of when the second team is joined.
6. The officers, contractors, and volunteers of AAD/USSSA **do not** screen or interview the managers, coaches, or volunteers of the teams in this program. As a parent I understand that it is my responsibility to screen and interview anyone that is associated with the operation of this team.
7. AAD/USSSA always strives to create a safe, inclusive and healthy environment for all participants and their families. There are requirements from the SafeSport Act that participants in AAD/USSSA programs agree to and must adhere to.
 - Reporting of Sexual Abuse involving a minor to the proper authorities
 - a. All adult participants are mandated reporters and are required to report, to the proper authorities, any witnessed act of child abuse, including sexual abuse, within 24 hours.
 - b. Local programs must be aware of the proper procedures to report sexual abuse in their state. Please reference Abuse & Molestation.
 Adult participants and teams must prohibit retaliation on “good faith” reports of child abuse
 Adult participants and teams must adopt a policy that limits one-one-one contact with minors
 Adult participants and teams are highly encouraged to complete the Abuse Awareness training provided by USA Baseball and SafeSport – Abuse Awareness for Minors& Abuse Awareness for Adults
8. I have read the Player / Parent / Manager Handbook posted on the local web site (www.abqusssa.com) and also I understand that AAD/USSSA **does not** set coaching or team policies except those specifically covered by the League Policies, Code of Conduct and this agreement. It is my responsibility to ensure the team, its philosophies and its management is a good fit for my child.
9. I have been provided a copy of the League Policies and Code of Conduct and agree to abide by all provisions. I am also aware that I (and the player above) can be removed from the league for failure to comply with these policies and Code of Conduct.
10. I understand agree to follow the rules of the game and the policies and decisions of not only the facilities used, but of AAD/USSSA, NM USSSA, the National USSSA Constitution (http://www.usssa.com/docs/2019_Constitution.pdf) and its directors and umpires. I will not instigate or participate in activity that would compromise, undermine or compete with AAD/USSSA programs or compromise me, my child, managers, coaches, league/tournament officials, or any other associates of this program.

In consideration of acceptance of this contract and permission to play with the stated team, I hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the stated team, AAD/USSSA, facilities used for play and any other member associations for any and all injuries suffered by myself or my child in games or practices for the team which this contract is signed.

Parent / Guardian Signature: _____

Dated: _____ 20 __, at _____ am/pm

 Address of Parent or Guardian

 Address of Parent or Guardian



MEDICAL TREATMENT AUTHORIZATION – FALL 2023

Player Name: _____

Birth Date: _____

Parent/Guardian: _____ Phones: _____

H: _____

W: _____

C: _____

Parent/Guardian: _____ Phones: _____

H: _____

W: _____

C: _____

Emergency Contact: _____

Phone: _____

Physician Name: _____

Phone: _____

Medical Insurance Carrier: _____

Known Allergies or Medical Conditions: _____

I hereby authorize the manager, coaches, the Emergency Contact, and/or AAD/USSSA program official or representative of the facility where the games are played to act loco parentis as my agent and in my stead to consent to, and any licensed physician and/or licensed medical facility to provide, medical, surgical, or dental examination or treatment deemed necessary and appropriate for my child from Feb 1st, 20__ to November 31st, 20__

Parent/Guardian Signature: _____ Date: _____