

UNIFORM PLAYER CONTRACT

				arties whose signatures		
	the second hereinafter know as "					ween the parties
hereto that mutual prom	ises of each party to this agreemen	nt shall be full an	d complete consid	eration for this contract	i.	
The Player whose signa	ture appears below agrees that he	will, for a period	following the date	e hereof, participate for	the entire so	eason, including all
	season play as a member of the _vided. It is understood that the Pla					
	olicies and represent their team ar					
	each of the West Coast League or may include letter to parents, coll					
	it, the West Coast League shall first					
	I an accident policy ("Insuance") f					
	ected to have and maintain. By sig				ess of this Ir	nsurance. The player
may obtain a copy of th	e policy language by making a rec	quest to the West	Coast League or T	'eam.		
This agreement may be	terminated at any time at the will	of an authorized	team official, and	the Player may be relea	ised by the	Team by drafting and
	st League office a release memo s					
	e is a free agent by a signed copy					
	le to participate for any other West					
	on signing this agreement, certifies emuneration except that which is a					
	intent of this agreement, by become					
	signing above player while knowing					
	st League to a suspension levied b					
	test the eligibility of any West Coar's eligibility must post a \$50 bond					
team protesting a riayer	s engionity must post a \$50 bone	rat the time of pr	lotest. If protest is	anowed this bond win	oc promptry	returned.
To be filled out by Tea	m Official					
Name			Title			
Address			_ City	St	ate	Zip
Office Phone			_ FAX			
Cell Phone			Email			
Team Official Signature						
To be filled out by Play	yer					
Player Name			_ School			
Coaches Name						
Player Address			City	S	tate	Zip
Home Phone		_ FAX		Cell Phone		
Cell Phone			_ Email			
Player Signature			_			
	ORE THAN ONE PLAYER CONTRACT IN					
THROUGH AUGUST 31ST, 20	.E WEST COAST LEAGUE REGULAR SE. 0	ASON AND POSISEA	ASON COMPETITION	, GOOD ONLT FOR PERIOD	OF SEPTEMB	DER 151 2U

P.O. Box 8395 Portland, OR 97201

(PLEASE TYPE OR PRINT ONLY)

Please complete and submit to your team's general manager or coach.