



# OAHU BASEBALL LEAGUE

94-1068 KAAHOLO ST

WEB: OAHUBASEBALLLEAGUE.COM / PH# C 808-497-0073

WAIPAHU, HI 96797

EMAIL: PKOPP@OAHUBASEBALLLEAGUE.COM

## Coaches Contract

I, \_\_\_\_\_, coach of the \_\_\_\_\_ baseball team of the OAHU BASEBALL LEAGUE (OBL), do hereby acknowledge that the OBL has supplied me with a written copy of the League's rules and regulations. By entering a team in the OBL, I agree to abide by all rules and regulations, and acknowledge that it is my responsibility to inform my players of said rules. Furthermore, I will have each of my players sign a waiver sheet indicating their knowledge and acceptance of said rules and regulations.

Additionally, I will turn over to the League an original copy of our signed waiver-roster prior to the first regularly scheduled game of the season. In the event our team should add additional players, a waiver sheet with that new player's signature will be turned into the League PRIOR to said new player's first participation (no less than the day before). Teams short players may NOT pick up player's on game day (liability reasons). If agreeable, however, the team that is short may borrow up to two (2) players (regular season only) from the team it is playing.

Furthermore, I acknowledge that players under 18 years of age cannot legally waive their rights, and that I will not knowingly play an underage player without a signed Parental Release Form. I also agree that it is my responsibility to know the age of my players and that underage players without a signed Parental Release Form are not eligible to participate.

I understand that as a coach in the OBL, it is my responsibility to do what is requested by OBL Directors, including paying League entry fees on time, calling in scores, e-mailing or mailing requested line-up cards or score sheets, maintaining and policing all fields, informing my team of League rules and regulations, filling out and turning in properly signed requested League forms, and maintaining control of my team.

I acknowledge I have been informed that the OBL has both Liability and supplementary Medical Insurance (\$300.00 deductible), and that in order for the medical coverage to be enforce, I must send in a Team Roster which includes players names and addresses. I have read the above and intend to enter a team in the up-coming OBL season. I accept all terms and conditions set forth in this contract.

Signed: Coach \_\_\_\_\_ Date \_\_\_\_\_  
Coach \_\_\_\_\_ Date \_\_\_\_\_

League Coordinator: \_\_\_\_\_ Date \_\_\_\_\_

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## Parental Release Form

I/We, the parent(s) or legal guardian(s) of \_\_\_\_\_,  
hereby give my/our approval of his/her participation in the Oahu Baseball  
League (OBL). I/We assume all risks and hazards incidental to such  
participation, including transportation to and from the activities, and I/We do  
hereby waive, absolve, indemnify and agree to hold harmless the OBL Officials,  
Directors, Coordinators or anyone connected with the operations of the OBL.  
My/Our son/daughter has been informed of League rules and by-laws, and with  
His/Her participation agrees to abide by them.

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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

