



2019 All Star Team Contract

Player's Name (Print Clearly): _____

Current Team: _____

Division: (Circle One) 8U 10U 12U 14U

By signing below, I, as the parent or guardian of the player whose name appears above declare that I have read the following contract between myself and WYSA. I understand the information provided here and agree to adhere to the stipulations presented if the player is to participate on the Walnut Youth Softball Association All Star Team.

A \$100 Memorial Weekend / District Tournament Snack Bar deposit will be collected at the All-Star Evaluations along with All-Star Fees of \$250.00 (two separate payments).

1. Players must make a commitment to, and be available to participate in 4 league sponsored tournaments. The other exception is any All Star Team who wins their ASA Qualifier and continues to the ASA Regional Tournament held in July. Season starts on May 1 ends July 19. **Any player that Quits during the All-Star season will be subject to review by the board for suspension from All-Stars for the following season.**
2. Payment of \$350.00 shall be collected from each All Star Player, which includes a \$100 refundable snack bar fee.
3. Players must participate in all team functions, practices, team meetings, and fundraisers.
4. **Players are not guaranteed any specific playing position on the All Star Team, nor are they guaranteed any playing time. Position and playing time is the decision of the manager.**
5. Participation on the WYSA All Star Team involves travel. As a member of the All Star Team, the player's parent or guardian is responsible for all travel, overnight accommodations, and meals associated with these events.
6. Parents are required to work snack bar duties during the WYSA Memorial Day Tournament and District Tournament. Failure to fulfill their **entire** duties will result in forfeiture of **full** deposit.

I have read this agreement and agree to the stipulations stated herein.

Signed: _____ Date: _____

Printed Name: _____ Phone: _____

*Uniform # Choices: 1st _____ 2nd _____ 3rd _____
(Players are not guaranteed any specific number)

Payment Info:

Memorial Tournament Deposit \$100 – _____
Cash Check

Payment \$250 Fees – _____
Cash Check

Taken by: _____

Date: _____

Payment Plan

• 1st Payment \$100 – _____
Cash Check

Date: _____

• Balance – by 5/22/19 _____
Cash Check

Date: _____