

**CT HURRICANES**  
**GIRLS' FASTPITCH TRAVEL TEAM**  
**PLAYER'S CONTRACT**  
**September 1, 2024 – August 31, 2025**

**TEAM:** The purpose of the CT Hurricanes organization is to train all players who join and wish to advance their skills. The organization's function is solely to provide softball training to players who participate and are accepted by CT Hurricanes. The organization and coaches are committed to putting the best team possible on the field.

The CT Hurricanes are a non-profit 501c(3) organization.

**COACH(ES):** The Coach(es) are responsible to the players and parents to keep them informed of upcoming team activities, game schedules, workout times and other schedules. The coach(es) is/are the designated person who will assign functions to the Team parent and volunteer parents who will be part of the team activities. The coach(es) sets playing time and assigns positions for players on the field, not the players and not the parents. The tournament schedule is at the Coach's discretion. The Coach determines which tournaments to participate in and how far to travel.

**READ CAREFULLY AND SIGN THE FOLLOWING:**

**PARENT(S):**

- 1) I/we agree to support the coaches and other players of the Hurricane organization.
- 2) I/we understand that there is no guarantee in playing time or positions.
- 3) I/we agree to act as a positive role model for my daughter.
- 4) I/we will refrain from arguing with the umpires' decisions.
- 5) I/we will refrain from criticizing my own or opposing players or coaches.
- 6) I/we will not use foul or abusive language.
- 7) I/we will present any criticism(s) in a constructive way to the coaching staff.
- 8) To emphasize good sportsmanship, responsibility, teamwork, and self-discipline.
- 9) I/we understand that violating any of the above conditions could result in being asked to leave the field and/or result in the suspension or dismissal of our daughter from the team. **If dismissal occurs, no refund will be given.**
- 10) I/we will inform the coaches of any injuries that may be relevant to our daughter. I/we have reviewed the below medical paragraph.

- 11) I/we understand that there may be mandatory out of state travel for one or more tournaments that I/we must cover additional expenses for.
- 12) If our daughter resigns from the team, we understand that no refund will be given.
- 13) We will abide by the "24 Hour Rule" which means we will wait 24 hours to discuss any issues that may have occurred during a tournament, game or practice with the Coaches.

I/we have read and agree to the above.

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

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

**PLAYERS:**

- 1) I understand that there is no guarantee to my playing time or the position I am asked to play. As a CT Hurricane player, I understand that the position I play will be what is best for the team considering the skills I possess.
- 2) I will cooperate and show respect to the coaching staff, other players – teammates, opponents and umpires.
- 3) I understand that I must participate in fundraisers established or organized for the organization.
- 4) I will not use foul language.
- 5) I will not participate in any bullying activity.
- 6) I will be committed to attending practices and games except when family or school matters take priority. It is my responsibility to notify the coach in advance if I am unable to attend a practice or game.
- 7) I understand that unexcused absences may result in not playing.
- 8) As a CT Hurricane I realize that the travel team is top priority. Any conflicts will be discussed with the coach prior to the day of the conflict.
- 9) I will come to practices fully prepared and timely.
- 10) I agree not to use any tobacco, alcohol or illegal drugs during the season.
- 11) I understand that violating any of the above conditions could result in being asked to leave the field and/or result in the suspension or dismissal from the team. If dismissal occurs, no refund will be given.
- 12) If I resign from the team for any reason, no refund will be given.

I have read and agree with the above.

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

**Medical Release:** It is the player and/or parents' responsibility to inform the Coach of any injury that affects the player. Regardless of treatment, **a doctor's release must be provided to the Coach before the player can resume practice or game participation.**

**Fee:** The base fee is \$1,200. This includes a helmet, seven tournaments and rental/use of the Bat Cave (our indoor facility). Fall and/or Winter Ball and additional tournaments are at the Coach's discretion and in addition to the base fee. Bat Bag and uniforms will be ordered by the players through SquadLocker. This will allow players/parents to order what they need (extra pants, etc.).

**Payment Schedule:** The base fee of \$1,200 is to be paid as follows:

\$700 upon signing  
And  
\$500 before October 1st

**Any changes to the payment schedule must be discussed with the Director, Paul Frasco.**

Fees must be paid by October 1<sup>st</sup>. Players can not practice with the team if not paid in full.

Checks should be made payable to CT Hurricanes and mailed to P.O. Box 4180 Meriden, CT 06450.

A copy of the player's Birth Certificate and completed Medical Release form must be provided with the first payment.

If the player is cut from the team for violating any of the above agreed to conditions or if a player resigns from the team for any reason, no refund will be granted.

**CT HURRICANES**  
**GIRLS' FASTPITCH TRAVEL**  
**SOFTBALL CLUB**  
**MEDICAL RELEASE FORM**

I as the parent, parents, or legal guardian of \_\_\_\_\_ (player) do hereby give my permission for her participation in any and all tournament softball activities. I hereby grant permission to managing personnel or league personnel to authorize and obtain medical care, at my expense, from any licensed physician, hospital or medical clinic should the player become ill or injured while participating in team activities away from home, or where parent or legal guardian is not available to grant authorization for emergency treatment. I assume all risks and hazards incidental to my child's participation, including transportation to and from the activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless the CT Hurricanes Softball Club, all coaches, supervisors, sponsors, participants and persons transporting the player to and from team activities, for any and all claims arising out of an injury to the player.

Emergency Contact Information

|    |      |              |         |              |
|----|------|--------------|---------|--------------|
| #1 |      |              |         |              |
|    | Name | Relationship | Phone # | Alt. Phone # |
| #2 |      |              |         |              |
|    | Name | Relationship | Phone # | Alt. Phone # |

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Players' allergies: \_\_\_\_\_ Does the player carry an epi-pen? Y or N

Players' medical conditions: \_\_\_\_\_

Players' medications: \_\_\_\_\_

Does the player have an asthma inhaler? Y or N

Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

The parent, parents or legal guardian agree to the above terms and conditions:

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