

Connie Mack Youth Baseball Program, Inc.

212 Millrace Road
Northampton, PA 18067

PLAYER CONTRACT

Player's Name: _____
(Last) (Middle) (First)

Address: _____
(Street) (City) (Zip)

Date of Registration: _____ Mother's Maiden Name: _____

Date of Birth: _____ Height: _____ Weight: _____

Phone Number: _____ Position: _____

School Attending: _____ Bats: (R) or (L) Throws: (R) or (L)

Father's Name: _____

Signature of Player: _____

The Parent or Guardian declares that permission has been granted to the player to play with the said Club, and the said Club is released from any responsibility or liability for any claim for damages which the said Parent, Guardian, or Player may have by reason of any mishap, accident, or injury received by the said Player in play or practice with the said Club or in traveling to or from the playing field on which any game, exhibition, or practice may be conducted.

Date: _____ **Signature of Parent or Guardian:** _____

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Name of Team: _____ Name of Sponsor: _____

Name of Manager: _____

Address: _____
(Street) (City) (Zip)

Telephone Number: _____
(Home) (Cell)

Accepted : _____
(Team Manager)