‘A’ LEAGUE CONTRACT
PENNSYLVANIA CONNIE MACK BASEBALL, INC.

PLEASE PRINT EXCEPT FOR SIGNATURES - DO NOT USE PENCIL

PLAYER’S NAME_____
(LAST) (FIRST)

Mailing Address
(STREET)_____ (CITY)_____(ZIP)_____

HOME TEL. NO._____
(Please include **Area Code**)

DATE OF BIRTH_____TOWNSHIP / BOROUGH_____
Name of Township / Borough MUST be entered on form.

SCHOOL ATTENDING _____

GUARDIAN’s NAME _____ (Please **PRINT**)
MOTHER’S MAIDEN NAME_____ (Please **PRINT**)

SIGNATURE OF **PLAYER**_____ DATE _____

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The Parent or Guardian declares that permission has been granted to the Player to play with the said Club, and that said Club is released from any responsibility or liability for any claim for damage which the said Parent or Guardian or Player may have by reason of any mishap, accident or injury received by the said Club or in traveling to or from the playing field on which any game, exhibition or practice may be conducted.
The parent or Guardian also declares that the Township / Borough listed above is the PRIMARY and REGULAR residence of the Player.

DATE_____ SIGNATURE of PARENT / GUARDIAN_____

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NAME OF TEAM_____

NAME OF MANAGER (Please Print)_____Signature_____

Manager Mailing Address
(STREET)_____ (CITY)_____(ZIP)_____

HOME TEL. NO._____ (Please include **Area Code**)
OFFICE TEL.NO_____ (Please include **Area Code**)

CELL PHONE NO._____

E-MAIL ADDRESS_____