

**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)