

# CONNIE MACK REGISTRATION

PAID: Y N

Connie Mack Team Played on Last Year: \_\_\_\_\_

Other: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ School: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact (relationship): \_\_\_\_\_

Phone: \_\_\_\_\_

**New Players** position(s) played \_\_\_\_\_

**Bats:** RH LH SH **Throws:** L R

Photographs/videos are frequently taken during our program for possible use in promoting services. Please circle

Yes: picture may be taken

No: do not use

As a parent, guardian or participant, I understand that the Connie Mack League agents, volunteers and supervisors will not be held responsible for any injuries or medical bills resulting in my child's participation in the 2008 Connie Mack League season. If I cannot be reached in the event of an emergency, permission is given to hospitalize, secure proper treatment for and order injection, anesthesia or surgery for my child as named above.

\_\_\_\_\_  
Over 18, Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Under 18, Parent/Guardian Signature

\_\_\_\_\_  
Date