

# Souderton Area Baseball League, Inc.

## Connie Mack 2017

Spring - \$85

Summer - \$150

Fall - \$85

\$285 All Three Seasons by 2/15/17

Ages 13-16 as of May 1, 2017

All registration forms MUST be filled out along with payment made payable to SABL and mailed for receipt at the following address prior to the start of season(s):

SABL

PO BOX 64766

Souderton, PA 18964

Questions or Concerns: Cos Losco 215-327-1891

**Important:** Connie Mack Leagues are teams that will participate in travel leagues with surrounding communities

1. Child's Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
(Last Name) (First Name) (Include Area Code)

2. Address \_\_\_\_\_  
(House # and/or Apt. #, Street Name) (City) (Zip Code)

Township \_\_\_\_\_

3. E-Mail Address \_\_\_\_\_

4. Age as of May 1, 2017 \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Month/Day/Year)

5. Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

6. Adult T-Shirt Size \_\_\_S\_\_\_M\_\_\_L\_\_\_XL\_\_\_XXL\_\_\_XXXL

I/We the parent(s) guardian(s) of the above mentioned boy/girl who is a candidate for a position in the Souderton Area Baseball League team, hereby give my/our approval to his/her participation in any and all activities of this league during the current season. I/We assume all the risks and hazards incidental to the conduct of the activities and transportation to and from these activities. I/We further hereby release, absolve, indemnify, and hold harmless the Souderton Area Baseball League, the Organizers, Sponsors, or any of the Supervisors appointed to them. I/We likewise waive to the extent not covered by liability insurance any claim against any person transporting my son/daughter to or from these activities. I/We will furnish a certified birth certificate of the above candidate upon request of the league officials.

I/We hereby give my permission to SABL to use photographs of the above listed minor(s) in any publication, media release, SABL website and any social media outlet, promotional announcement or advertisement, electronic or otherwise with the sole purpose of supporting and/or advertising of SABL. I/We agree that neither the above listed minor(s), nor I/We, will receive any compensation if such image appears in such publications, media release, SABL website and social media outlet, promotional announcement or advertisement, electronic or otherwise. In addition, I/We understand that such image is the property of SABL. I/We hereby agree to reimburse the league for uniforms not returned to my son's/daughter's coach by November 1, 2017, \$50.00 for uniforms deemed returnable by the league.

I have read and understand the functions of the league as described above and hereby agree to comply by these specifications by signing at the "X".

X \_\_\_\_\_ Date \_\_\_\_\_

Would you be interested in the following? Head Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_

What team did you play on last summer? \_\_\_\_\_ Coach? \_\_\_\_\_

If you did not play for SABL in the summer, what season and team did you last play? \_\_\_\_\_  
(season/coach)