



2007 SEASON TOWAMENCIN CONNIE MACK BASEBALL

PLAYER INFORMATION

Player Name _____ Date of Birth _____ Age (As of April 30, 2007) _____
 Home Address _____ City _____ State _____ Zip _____
 Home Phone (____) _____ e-Mail _____ Township: Towamencin Worcester
 Parent/Guardian Name(s) (Please Print) _____ Other _____

By signing below, I declare that the Township/Borough specified is the PRIMARY and REGULAR residence of the Player listed on this form.

PARENT(S) TO VOLUNTEER FOR (CHECK ALL THAT APPLY...)

Volunteer Name _____
 Head Coach/Manager Asst. Coach Equipment
 Field Maintenance Donation \$ _____

SPONSORS NEEDED!

Sponsor Name _____
 Sponsor Contact _____

RELEASE: Please Read Carefully!

As the Parents of a participant in the TYA program, I agree to be responsible for the conduct of my child and agree to act in accordance with the rules and objectives of the Towamencin Youth Association. It is imperative that a parent/coach conducts himself/herself in a positive and respectful manner at all times. We acknowledge that our behavior is an important part of this community program. Failure to comply may result in sanctions by the organization.

I/we, the parent(s)/guardian(s) (hereafter "Parents") of the above named child consent to his/her participation in the Towamencin Youth Association Connie Mack Baseball program and all activities related thereto. Parents are hereby advised that NO child may participate in the program UNLESS he/she has adequate Blue-Cross-Blue-Shield or like medical coverage for any incident, mishap, and/or injury arising out of participation in the program or any activity related thereto. Parents hereby acknowledge and represent the above named child is presently covered by Blue-Cross-Blue-Shield or like medical insurance and will remain so during participation in the program. Parents do hereby release, remise, absolve, indemnify and save and hold harmless Connie Mack Baseball, Towamencin Youth Association and their officers and organizers, sponsors, coaches and instructors, and Worcester Township for any and all claims, including but not limited to claims for medical bills, demand rights and causes of action, of whatever nature, arising from and by reason of any and all bodily and personal injuries to the above named child arising out of his/her participation in the program or any activity related thereto. Parents assume all risk and hazard incidental to the conduct of the activity and transportation to and from the activities in conjunction with the program.

The above named player **MUST** be covered by a family insurance policy.

NAME OF INSURANCE COMPANY:

U.S. HealthCare-HMO Aetna Keystone HMO Blue Cross/Blue Shield
 Personal Choice Other (If "Other," please print name of company) _____

POLICY NO. _____

Parent/Guardian Signature _____ Date _____

To Be Completed By TYA

Cash Check # _____ BY _____

UNIFORM SIZES: SHIRT _____ PANTS _____
 Uniform Size Codes – Pants & Shirts : YOUTH Medium (YM), Large (YL), X-Large (YXL); ADULT Small (AS), Medium (AM), Large (AL), X-Large (AXL)

Registered on: 1/14 1/21 1/28 Late: _____ • Family no. ____ of ____ • Total Fee: _____

REGISTRATION FEE: \$185 per participant

Please make checks payable to: "TYA"
 If mailing form & check, please send to: **Towamencin Youth Association, P.O. Box 1190, Kulpsville PA 19443**



Towamencin Youth Association

2007 CONNIE MACK BASEBALL PROGRAMS

Boys (Connie Mack) – Ages 13 to 16

Men (Sr. Connie Mack) – Ages 17 to 29

*Please use this registration form
specifically for Connie Mack!*

GET IN THE GAME!

Register at the Walton Farm Elementary School Cafeteria,
Allentown Road, Towamencin Township,
9:00AM to 12:00NOON on...

- **Saturday, January 13, 2007**
- **Saturday, January 20, 2007**
- **Saturday, January 27, 2007**



P.O. Box 1190, Kulpsville PA 19443

Questions?

Call (215) 362-TYA4 for more information
or online at www.tyasports.org/baseball

Boys Baseball e-Mail: tyabaseball@hotmail.com

Girls Softball e-Mail: tyasoftball@sgsphoto.com