Rhode Island Connie Mack League

2026 Coventry Connie Mack Baseball

Fee: $200

Player Name:_____ _____ Date of Birth: ___ ___ ____
First Last Month Day Year

Mailing Address:_____ _____ _____ (____) _____
Street Town Zip Code Phone

Email:_____

I/we the parents of the above named candidate for a position on the Coventry Connie Mack League team of RI, hereby give my/our approval to participate in any and all Connie Mack activities. I/we assume all risks and hazards incidental to such participation including transportation to and from those activities. I/we hereby waive, release, absolve, indemnify and agree to hold harmless the Coventry Babe Ruth League and Board, R.I. Connie Mack Baseball, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to from activities, for any claim out of an injury to my/our child, whether the result of negligence or for any other cause, except to the extent and in the amount covered by accidental and liability insurance. I understand that I/we are responsible for returning any equipment distributed by the league.

Parent(s) Name: _____ Telephone: _____

Parent(s) Signature: _____ Date: _____

Registration Fee Agreement

$200- Includes, if selected for a team, the above named candidate in any and all regular season activities. The player will attend any fund raising events if required. I understand and agree to the terms of the registration

Parent(s) Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Total Fee: $_____ **Ck#**_____ **Attested by:**_____