

AMERICAN LEGION BASEBALL



2008 ALB Registration Form #1

Registration Form #1 MUST BE TYPED

Team Name Jr. Legion (ages 17 & under) Sr. Legion (ages 19 & under)

American Legion Post #: Post Officer's Name:

City and State: Phone #:

Financial Booster: Legion Card No:

Officer's Signature:

Insurance Carrier: S.A. VAN DYK INS. CO. *This insurance carrier is mandatory*

Accident Insurance Cert. #: Liability Insurance Cert. #:

Outside Sponsoring Organization (Complete this area if local Legion Post chooses not to affiliate as team sponsor).

Organization: Phone No:

Address: President:

City, State, Zip: Signature:

Notice: This form must be filed with Department Baseball Chairman, along with the following forms:

1. Parents' Consent and Release (Form #2)
2. Player's Transfer (Form #76) or Declaration Form (Form #77) if applicable

Team Certification: As Team Manager I hereby certify that the players listed under PLAYER ROSTER (page 2 of this form) have signed with this American Legion Baseball team and that all information listed is correct, to the best of my knowledge.

Manager: E-mail:

Address: Phone:

Is this team affiliated with a Jr. or Sr. Team? YES NO Signed:

Coach: E-mail:

Address: Phone:

Coach: E-mail:

Address: Phone:

Department Certification:

1. Team has properly registered by deadline.
2. Team has purchased proper liability and medical insurance.
3. Team has filed Form #2, and Forms #76 & #77 if applicable.

Signature: Department Baseball Chairman

School Classification and Enrollment: Certification is required from each school listed on player roster.

The Department Baseball Chairman may certify enrollments. Enrollments must be filed in National Office by June 1.

Certifying School Official's Signature	Name of School (base school *)	School Classification	As of March 31 - Total Enrollment of Grades 10, 11, 12
	*		

If additional schools need to be listed, attach separate sheet of paper.

Player Roster

Registration Form #1 MUST BE TYPED

Jr. Legion (ages 17& under) Sr. Legion (ages 19& under)

Team Name

American Legion Post #: City and State:

(Type in alphabetical order)

Registration Form #1 must be typed. Only 18 players per team are permitted.

1: Name-Last, First, Middle Initial 2: Parent's Address City, State, Zip	Date of Birth Phone #	Uniform Number	Position	Height	Weight	Batting & Throwing	Year Graduate
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