

# AMERICAN LEGION BASEBALL



## 2009 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 #:  Athletic Officer's Name:

City and State:  Phone #:

Financial Booster:  Legion Card No:

**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:  E-mail:

**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
3. Yellow Copy of Insurance Certificates

**Team Certification:**  By checking here, I as team manager 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:

Coach:  E-mail:

Address:  Phone:

Coach:  E-mail:

Address:  Phone:

The department baseball chairman shall certify and provide enrollments for each team. Enrollments must be filed in national office by June 1.

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.**

This form is available online at [www.baseball.legion.org](http://www.baseball.legion.org)

