



**Pennsylvania
YOUTH**

Team Name _____

Legion Baseball 20____ Registration Form

Legion Post # _____

City and State _____

Financial Booster _____

INSURANCE CARRIER: HDH GROUP

Accident Policy No. 6A SPX 000 000 5537900

This insurance carrier is mandatory!

Liability No. 6B RPG 000 000 5537700

| | |
|--|-----------------|
| Outside Sponsoring Organization – <i>(Complete this area if local Legion Post chooses not to affiliate as team sponsor).</i> | |
| Organization _____ | Phone No. _____ |
| Address _____ | President _____ |
| City, State, Zip _____ | Signature _____ |

Visit Legion Baseball on the Web – www.pa-legion.com

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

- Parents' Consent and Release Form #2

Team Certification:

We hereby certify that the players listed under PLAYER ROSTER have signed with this American Legion Baseball team and that all information listed is correct, to the best of our knowledge.

Team Manager _____
 Street, City, Zip _____ Signed _____
 Phone _____

Coach _____
 Street, City, Zip _____ Signed _____
 Phone _____

Coach _____
 Street, City, Zip _____ Signed _____
 Phone _____

| | |
|---|------------------------------|
| Department Certification: | Signature _____ |
| 1. Team has properly registered by deadline | Department Baseball Chairman |
| 2. Team has purchased proper liability and medical insurance. | |
| 3. Team has filed Form #2. _____ | |

REGISTRATION FORM MUST BE TYPED

Pennsylvania YOUTH
Legion Baseball
Player Roster



Team Name _____

(Type in alphabetical order)

1. Name (Last-First-Middle Initial)

2. Parent's Address, City, State, Zip

AGE

BIRTHDATE
(mm/dd/yy)

BIRTH
CERT. #

SIGNATURE

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Youth Player Roster Must Be Typed. Only 18 Players per Team are Permitted.

X - Denotes Double Roster