



Pennsylvania PREP

Legion Baseball 20____ Registration Form

Team Name _____

Legion Post # _____

City and State _____

Financial Booster _____

INSURANCE CARRIER: HDH GROUP

Accident Policy No. 6A SPX 000 0005877300

This insurance carrier is mandatory!

Liability No. 6B RPG 000 000 5860900

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 _____

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
2. Team has purchased proper liability and medical insurance.
3. Team has filed Form #2. _____

Department Baseball Chairman

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

[illegible]

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

X - Denotes Double Roster