



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 000 000 5537900

This insurance carrier is mandatory!

Liability No. 6B RPG 000 000 5537700

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

X - Denotes Double Roster