



Hudson American Legion Baseball
2009 Varsity Registration Form Age 16 to 19

Player's Name _____ Age ____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone # for last minute changes _____

E-Mail Address _____

Parent's First and Last Names _____ Tel # _____

_____ Tel # _____

Player's High School _____ City _____

Total Enrollment Grades 10 thru 12 _____ Principal's Name _____

Height _____ Weight _____ Shirt Size _____ Pant Size _____ Cap Size _____

Positions Played _____ Bats L R S Throws R L

Legion Baseball competition in **2009** is open only to area players born **on or after January 1, 1990**. American Legion Baseball is for ballplayers whose **main focus** is playing baseball during the summer. Hudson American Legion Baseball **is not** affiliated or supported by the Hudson Boosters. <http://www.baseball.legion.org/> <http://hudsonlegionbaseball.org/>

Please submit a copy of participants "live birth" certificate (if not already on file) to the team manager before the tryout date. **Please list on the back of this form or attach a separate sheet of paper listing all known dates that the participant will not be available between June 7th and July 31st.**

The registration fees for Hudson Legion Baseball are as follows: \$275 if registration is received before April 15. **\$300 after** April 15. A confidential fee payment plan can be made with the team manager. **Once the final team roster is announced, registration fees will not be refunded to players making the team.** Registration fees for players not making the team will be returned in a timely manner by a team check.

Legion Varsity Baseball Registration Form

The cost of registration does not cover the entire cost of running the Hudson Legion Baseball program. To assist in raising the necessary funds, we are asking families to volunteer at least 2 hours this year to help with our Legion programs. Volunteers are needed for our March Baseball Camps, Legion T-ball program, Legion Fall Baseball and for our own Legion tournament in June. All these programs help us raise money to keep our fees low.

Will the participant be available the last two weeks in July to practice and prepare for the regional playoffs? _____ (Y/N)

Please list known dates and times that participant will be unavailable this summer:

Failure to disclose known conflicts prior to the season could impact the player's roster spot on the team.

I, as a parent of _____ hereby agree to assume all responsibility for
Participant Name
any injury that may occur to my son/daughter in conjunction with this program.

Signature of Parent Date Signature of Participant Date

Please mail to: **Hudson Legion Baseball, PO Box 23, Hudson, WI 54016**

I understand that I am responsible for 2 Hours of Volunteer time that may also be completed by participant. If electing to use the buyout option, please remit an additional \$50.

Signature of Parent Date Signature of Participant Date

I, as a parent of _____ hereby agree to allow pictures of participant
Participant Name
to appear in the local newspaper, and on the Hudson American Legion Web site.

Signature of Parent Date Signature of Participant Date

Admin. Use only. Check # _____ Cash _____