



Hudson American Legion Baseball

2010 Varsity (Senior) Registration Form Age 15 to 19

Player's Name _____ Age on Chart _____ DOB _____

Mailing Address _____

City _____ State _____ Zip Code _____

Grade _____ Home Phone _____ Cell Phone _____

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

Your age is determined by the year you are born. Example: DOB -12/31/1993, you are age 17.

| Jan. | Feb. | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Traditional grade | Year |
|------|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------------------|------|
| 13 | 13 | 13 | 13 | 13 | 13 | 13 | 13 | 13 | 13 | 13 | 13 | Not Eligible | 1997 |
| 14 | 14 | 14 | 14 | 14 | 14 | 14 | 14 | 14 | 14 | 14 | 14 | 8th Grade | 1996 |
| 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | Freshman | 1995 |
| 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | Sophomore | 1994 |
| 17 | 17 | 17 | 17 | 17 | 17 | 17 | 17 | 17 | 17 | 17 | 17 | Junior | 1993 |
| 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | Senior | 1992 |
| 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | College/HS | 1991 |
| 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | College | 1990 |

A player born in 1990 is no longer eligible to play American Legion Baseball. If a player is born in 1991 or 1992 he is only eligible to play Senior Legion baseball. ALB is open to all **area** ballplayers whose **main focus** is playing baseball at a higher level of play. Hudson American Legion Baseball **is not** affiliated or supported by the Hudson Boosters.

<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 14th and July 31st.**

The registration fees for Hudson Legion Baseball are as follows: **\$275** if registration is received before **April 1. \$300 after April 1.** 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.

Will the registrant 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 _____