



**Hudson American Legion Baseball**  
**T-ball for 4 and 5 year old children**  
**Coach Pitch for 6 year old children**  
*One registration form per participant (Please Print)*

**Welcome to Hudson American Legion Baseball.** Our Legion youth baseball programs are designed to introduce children to baseball and to help the parents with their child's development. We rely on many years of experience at all levels of play to make your child's experience playing as enjoyable as possible. Our #1 priority is the safety of your child and for them to have fun playing baseball. **This will be our 9th year sponsoring t-ball. Nearly 200 boys and girls played youth baseball with us last year. Another 300 plus participated in our camps, clinics and "senior" youth program.**

**New in 2009** was a **Coach Pitch** program **for 6 year olds.** Players will be able to play defensive positions and outs will be recorded.

An important pre-season **parent's meeting/clinic will be held on April 22** at the high school cafeteria. **The t-ball session will start at 6pm** and **coach pitch at 7:15.** To avoid any confusion during the season your attendance at this meeting is very important. At this meeting, the program will be described in detail including our philosophy, proper equipment to use, basic baseball fundamentals and some important logistical information. Some baseball equipment and other baseball items will be available for sale for **your own** personal use. **If you cannot attend this meeting, please make sure we have your correct email address.** Practices will begin the first week of May and the season will be over by July 1.

Ballplayer's Name \_\_\_\_\_ Female \_\_\_ Male \_\_\_

**Please check one:** T-ball\_\_\_ Coach Pitch \_\_\_ Age on 04/30/10 \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ **E-mail Address** \_\_\_\_\_

Parent's first and last names \_\_\_\_\_ Tel # \_\_\_\_\_

\_\_\_\_\_ Tel # \_\_\_\_\_

Player's School (Fall 2009) \_\_\_\_\_ City \_\_\_\_\_

Please submit a check payable to **Hudson Legion Baseball** for **\$50.** A confidential fee payment agreement can be set up for your benefit. Legion baseball registration fees will not be refunded after April 1. **Our registration night will be held on February 24 from 6 to 7:30PM at the high school cafeteria.** Hudson ALB representatives will be on hand to answer any questions you may have. **You can also mail this form at any time to the address listed below.** For more info, please call 715-381-5431 or e-mail: [bill@hudsonlegionbaseball.org](mailto:bill@hudsonlegionbaseball.org)

Does the applicant have any known health problems that a coach should know about? Yes No if so please state on back.

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

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Parent's name printed \_\_\_\_\_ Parent signature \_\_\_\_\_

**Please check if you interested in coaching.** \_\_\_\_\_ Mail to: **Legion Youth Baseball, PO Box 23, Hudson, WI 54016**

Please visit our web site <http://www.hudsonlegionbaseball.org> for more information on our program.

*The Hudson School District does not sponsor or endorse the information identified on this flyer*