

**WASHINGTON STATE AMERICAN LEGION BASEBALL REGISTRATION FORM**

**This form is used for players and their families who wish to participate in Washington States American Legion Baseball programs. The questions we ask are used to complete the registration requirements for the State and National registration process. Some of the information is used to complete the Insurance forms that the teams carries with them so that if a player gets injured medical treatment is authorized if the parent is not available at the time of the injury.**

**PLAYER INFORMATION**

**It is important that the full name you give us is exactly as it is on your birth certificate - do not use nick names or other last names:**

**First Name: Middle Initial: Last Name:**

**Address: Apt/Unit: City: State: Zip:**

**Home Phone: Cell Phone: Email Address:**

**Date of Birth - This date needs to match the date on your certified birth certificate - do not use certificate of live birth:**

**Month Day: Year:**

**What school do you attend: What year will you graduate from High School:**

**Did you Play American Legion Baseball Last Year? Yes No - If you played was it on a team in Washington State? Yes No**

**If you did play last year in Washington State, what team did you play for? ALB Teams:**

**What team do you want to play for this coming year - if you do not see the team on the list, add it in the box provided:**

**ALB Teams: Team not on list add it here:**

**We need information about yourself to complete our forms and to have available information for game day programs and for college and pro scouts:**

**Height: Feet: Inches: Weight: lbs - Bats: Right Left Switch - Throws: Right Left Both**

**Primary Position: Secondary Position: Do you pitch: RHP LHP NO**

**PARENT/GUARDIAN INFORMATION**

**First Name: Last Name: Relationship to Player:**

**Address: Apt/Unit: City: State: Zip:**

**Home Phone: Cell Phone: Email Address:**

**SECONDARY INSURANCE & EMERGENCY CONTACT INFORMATION**

**Medical Insurance Company Policy Number:**

**Family Physician: Physicians Phone #:**

**Emergency Contact Person:**

**Persons Phone #:**