American Legion Youth Baseball
2018 Player Application

Player's Name: _____ Address: _____

City: _____ St: _____ Zip: _____

Player's Date of Birth: _____ Parent Name: _____

Home Phone: _____ Parent Cell #: _____

Email Address: _____ Jersey Size: _____

Level of Play (circle one)		
	D League (5-6 years of age)	$70.00
	C League (7-8 years of age)	$105.00
	B League (9-10 years of age)	$115.00
	A League (11-12 years of age)	$125.00
	Pony League (13-15 years of age)	$140.00

New Player: Yes No Sibling Assigned: Yes No

Returning Player: Yes No

Request Draft: Yes No

1) I understand that I am responsible for medical coverage for my child while on American Legion property and/or participating in youth baseball activities on and off American Legion property.
2) I authorize the ALYB Board to use my child's likeness and other information that directly relate to his/her ALYB baseball team on the league website.
3) I acknowledge that I paid the application fee in the amount of $_____ with:
4) I understand that my application will not be accepted and my child(ren) will not be placed on a team until the application fee is paid.

(circle one) Cash Check #: _____ Money Order

Signed _____ Date _____
Parent/Guardian

Signed _____ Date _____
Legion Rep.

***ALYB is in need of parents that are interested in Coaching. If you or someone you know is interested in coaching a team this year, please list their name and contact number:*

Name _____ *Number*_____

Check out announcements and season updates on our website!!
www.alyb.org

Mailing address for payments: ALYB, PO Box 195, Danville, IL 61834-0195