

# NEBRASKA AMERICAN LEGION BASEBALL (NALB)

## 2020 NALB Registration Form

Registration Form **MUST BE TYPED**



Team Name:		check one JR: <input type="checkbox"/> SR: <input type="checkbox"/>
American Legion Post #:		Post Adjutant Name:
City, State, Zip:		Post Adjutant Phone:
Financial Booster:		Legion Card No:
		Adjutant Signature:

### Insurance Information *(Insurance that includes sexual abuse & molestation coverage is mandatory to participate in 2020 NALB)*

Insurance Carrier:	
Accident Policy #:	Liability Policy #:

### Outside Sponsoring Organization *(Complete this area if local Legion Post chooses not to affiliate as team sponsor).*

Organization:	Phone No:
Address:	President:
City, State, Zip:	Signature:

**NOTICE:** This form must be filed with the Nebraska Baseball Chairman, along with the following forms:

1. Copy of insurance
2. NALB Player Roster
3. Coach will retain any Player Transfer Form(s)

**Team Certification:** We hereby certify that the players listed under PLAYER ROSTER have signed the Nebraska American Legion Baseball Player Indemnification form and that all information listed is correct, to the best of our knowledge. (list additional coaches and volunteers on a separate sheet)

Manager:	Email:
Address:	Phone:
Address Line 2:	Signed:
Head Coach:	Email:
Address:	Phone:
Address Line 2:	Signed:
Asst Coach:	Email:
Address:	Phone:
Address Line 2:	
Asst Coach:	Email:
Address:	Phone:
Address Line 2:	

### School Classification and Enrollment: Class A (600+) Class B (161-599) Class C (160-)

Name of Base School:	Classification:	Enrollment:

Send completed Registration form, roster and copy of Insurance to:

NALB  
P.O. Box 5205  
Lincoln, NE 68505  
Fax: 402-464-6330  
Scan/email: [actdirlegion@windstream.net](mailto:actdirlegion@windstream.net)

American Legion Post #:  City/town of Post:

[illegible]

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Junior Legion (ages 17 &amp; Under)

Senior Legion (ages 19 &amp; Under)

TEAM NAME:

American Legion Post #:

City/town of Post:

(Type in alphabetical order)

1: Name: Last, First, Middle Initial

Uniform

Batting &amp;

Birth

Grad

2: Parent's Address: City, State, Zip

Number

Position

Height

Weight

Throwing

Year only

Year

1:							
2:							
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