

**Allisonville Youth Baseball & Softball CAP PROGRAM
APPLICATION FOR FINANCIAL ASSISTANCE
2018 SPRING/FALL SEASON**

PLAYER INFORMATION (**Please complete for each player wishing to be registered**)

Player's Name _____ Age _____ DOB _____ M/
F _____

Address/City/State/
ZIP _____

Player's School _____ Current
Grade _____

Years Baseball/Softball Experience _____ Other
Sports _____

Player Lives with () Both Parents () Mother () Father () Other
Guardian _____

PARENT/GUARDIAN INFORMATION (**At least one legal parent/guardian must complete**)

Parent(s)/Guardian(s)
Name _____

Address/City/State/
ZIP _____

Home Phone# _____ Cell
Phone# _____

Primary E-Mail: _____ Emergency Contact
Info _____

Parent(s)/Guardian(s)
Name _____

Address/City/State/
ZIP _____

Home Phone# _____ Cell
Phone# _____

Primary E-Mail: _____ Emergency Contact
Info _____

FINANCIAL ASSISTANCE STATEMENT (**Please provide a brief description of your assistance needs**)

PARENT/GUARDIAN CONSENT (**At lease ONE parent/guardian is required to sign**)

I/We, as the Parent or Legal Guardian of the player named above, attest that the above information is true and correct and understand that AYBS may need this information to verify eligibility for the CAP program. I understand that my child's participation in this program requires a commitment to attend a minimum of 75% of scheduled practices/games and that I/we and my child will adhere to all AYBS League Policies.

Signature of Parent(s)/
Guardian(s) _____ Date _____

SCHOOL ENDORSEMENT (**All applicants are required to have the signature of a school counselor, teacher, gym teacher, or case worker to be eligible for assistance**)	
Name _____	School/
Agency _____	
Position _____	
Phone# _____	
Email Address _____	Signature & Date

Notes/Other Information _____	

FOR AYBS USE ONLY
Reviewed by AYBS () Date of Review _____
Approved () Denied () Date of Notification to Legal Parent(s)/ Guardian(s) _____
Notes _____

