

The American Legion
Department of Nebraska
Baseball ID Card Certification

Date: _____

(Used by Class B & C Programs)

Type or print legibly (fillable pdf can be found at www.nelegionbaseball.net/rulesforms)				
Team Name	High School Attended	First Name	Last Name	DOB (Year Only)

Team Manager or Head Coach must **Print and Sign**, verifying that they have reviewed each players Certified Birth Certificate, US Passport or valid current Nebraska Drivers License and that each player meets the age requirments as set forth by the American Legion Baseball National Rule Book. Penalties for falsifying this form can be found in the NE Rule Book.

Printed Name: _____

Signature: _____

Fax to: 402-464-6330 / scan and email to: emartin@nebraskalegion.net
Mail to: The American Legion, 150 NW 40th Street, Unit A, Lincoln, NE 68528