

**Allisonville Youth Baseball & Softball CAP PROGRAM
APPLICATION FOR FINANCIAL ASSISTANCE
2017 SPRING/FALL SEASON**

PLAYER INFORMATION (**Please completed 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 HARDSHIP STATEMENT (**Please provide a brief description of your hardship**)

PARENT/GUARDIAN CONSENT (**At least 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 _____
