

Player Information CHALLENGER DIVISION

Child's legal name _____
(first) (middle) (last)

Child's medical diagnosis _____

The Challenger Division of Little League is organized specifically for children with mental or physical conditions that prohibit safe participation in other divisions. Please describe the medical condition that makes your child eligible for Challenger play.

Each Challenger player will be assigned a buddy to assist during games and practices. Is there specific information that will help in the selection of a buddy for your child?

Is there other information that will help the coaches and buddies provide the best Challenger experience for your child?

MEDICAL INFORMATION

Allergies (food, bee stings, medication, etc.)	Yes	No	Asthma	Yes	No
Dietary Restrictions	Yes	No	Seizures	Yes	No
Physical Limitations/Restrictions (including wheelchairs, walkers, crutches)	Yes	No	(type and frequency)		
Heart Difficulties	Yes	No	Speech Difficulties	Yes	No
Hearing or Visual Limitations (hearing aids, glasses, contacts)	Yes	No	(use of communication devices)		
Any Unusual Fears	Yes	No	Easily Upset	Yes	No
Other-			Physically Aggressive	Yes	No
			Medications	Yes	No
			(Type and Dosage)		

If answered yes to above, please explain _____

(Please write on back if needed)

I/We understand that a parent/guardian must accompany the child at all times.

Signature of Parent or Guardian

Date

