CHALLENGER LITTLE LEAGUE
Registration Form

Player Information

Player Name:_____ Boy ____ Girl ____ Date of Birth ___/___/___

Address: _____ School: _____

City: _____ Zip Code: _____

Father's Name: _____ Mother's Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Baseball Jersey Size: **Youth:** Small Medium Large **Adult:** Small Medium Large
(Circle One) (Circle One)

Medical Information - Medical Release

Disability, if any: _____
(short description)

Special Medications/Precautions: _____

Abilities: _____
(Please describe if child is able to walk independently, uses a wheelchair, walker, etc) This helps us to balance the teams.

Family Physician: _____ Phone: _____

Insurance Name: _____ Policy No.: _____

Friend or relative to notify if parents cannot be reached:

Name: _____ Phone No.: _____

Name: _____ Phone No.: _____

If the above named person needs emergency medical treatment and neither a parent nor the family physician can be contacted, consent is hereby granted for such emergency treatment as may be considered necessary in the opinion of the attending physician.

Signature of Parent or Guardian: _____

Consent and Information

I/We, know that participation in Challenger Baseball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless the local Little League/Challenger Division, Little League Baseball Incorporated, the organizers, sponsors, supervisors, and participants for any claim arising out of injury to my child whether the result of negligence or for any other cause except to the extent and in the amount covered by accident or liability insurance.

Parent/Guardian Name (print): _____ Date: _____

Parent/Guardian Signature: _____

Registration Fee Paid: $_____ Check #: _____ Cash Recd: Yes _____ No _____