



## LANCASTER LITTLE LEAGUE

### CHALLENGER BASEBALL REGISTRATION

**PLAYER NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**MEDICAL RESTRICTIONS:** \_\_\_\_\_

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**SHIRT SIZE:** (circle) YM YL YXL AS AM AL other \_\_\_\_\_

I, the parent/guardian of the above named player, do hereby give my permission for participation in any and all activities of the Lancaster Little League. I assume all risks and hazards incidental to such participation: including transportation to and from any activity, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the Lancaster Little League, its officers, managers, coaches, and all other persons associated with this program, for any claim arising out of any injury to players, except to the amount covered by accident and/or liability insurance.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

CONTACT JOE KENNEDY AT 978-365-2148 OR [KENNEDY2004@COMCAST.NET](mailto:KENNEDY2004@COMCAST.NET) FOR MORE INFORMATION.

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