

Challenger Baseball Buddy Registration Form

We're all about making friends! Challenger Baseball is looking for buddy volunteers. We need buddies (kids/young adults ages 8-17 who don't have disabilities) to help our players who have developmental disabilities play baseball. For example, buddies help push players using wheelchairs around the base paths after a hit and help players get balls that get past them in the field.

If you would like to be a Challenger buddy or know someone who might be interested, please register by filling out the form below and turning it in to Hollister Little League Challenger Division.

Buddy's Name: _____ Age: _____

School: _____ Grade: _____ Right Handed: _____ Left Handed: _____

Parent or Guardian's Name: _____

Email _____ Home Phone: _____ Cell Phone: _____

Address: _____ City: _____ Zip: _____

Previous Challenger Experience? Yes _____ No _____ Interested in Lead position? Yes _____ No _____

I understand that players rely on buddies' assistance to participate in each practice and game: therefore, I commit to participating as a buddy for at least three practices and games this season.

Buddy's signature: _____

T-Shirt Size (please circle):

YOUTH: Small Medium Large X-Large

ADULT: Small Medium Large X-Large XX-Large

I/We, the parents or guardians of the above-named Challenger Baseball Buddy, hereby give my/our approval to participate in any and all Challenger Baseball/Little League activities.

I/We know that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to participants, and do hereby waive, release, absolve, indemnify and agree to hold harmless Challenger Baseball, the Hollister Little League, Little League Baseball Incorporated, the organizers, sponsors, supervisors and participants for any claim arising out of any injury to my/our 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.

I/We agree to return, upon request, any equipment issued to my/our child in as good a condition as when received except for normal wear and tear.

I/We give permission for the free use of the buddy's name and/or picture in any newspaper, broadcast or telecast of Challenger games:

Parent or Guardian Signature: _____

Emergency Contact: _____ Phone #: _____

Insurance carrier: _____ Policy #: _____

Complete the Registration Form, the Medical Release Form, and contact:

Adam Mendolla, HLL Challenger VP (831) 601-6571

or

Christi Clark, HLL Challenger Div. Rep (408) 839-1303