

Challenger Baseball Player Registration Form

Player's Name: _____ Age: _____

School: _____ Right Handed: _____ Left Handed: _____

Parent or Guardian's Name: _____

Email _____ Home Phone: _____ Cell Phone: _____

Address: _____ City: _____ Zip: _____

T-Shirt Size (please circle):

YOUTH:	Small	Medium	Large	X-Large	
ADULT:	Small	Medium	Large	X-Large	XX-Large

List player's assistance needs: _____

Additional limitations and/or information that will help the coaches and/or buddies

(Please circle): Wheelchair Walker Crutches Other _____

I/We, the parents or guardians of the above-named Challenger Baseball player, 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 players, and do hereby waive, release, absolve, indemnify and agree to hold harmless Challenger Baseball, the local 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 will furnish three proofs of residence, a certified birth certificate, and of the above-named candidate to League Officials if necessary.

I/We give permission for the free use of our player'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 and the Medical Release Form, include a registration fee of \$100, and contact Adam (831) 601-6571 or Christi (408) 839-1303.