

CHALLENGER BASEBALL
PLAYER REGISTRATION FORM

Player Name _____ Returning Player? Y N
Address: _____
City / State / Zip: _____
Home Phone # _____ Cell Phone # _____
Email: _____
Birth Date: _____ Age of child as of April 1st: _____ Gender: (circle) M F
T SHIRT SIZE (Circle One): **Youth** S M L or **Adult** S M L XL XXL

Registration Fee: \$30 Make checks payable to: **CHALLENGER BASEBALL**
You can pay your registration fees via check, Paypal or credit card
If you need to pay by credit card, please contact Carma at 970-216-5554.

Parent/Guardian #1	Parent/Guardian #2
Name _____	Name _____
Phone _____	Phone _____
Email _____	Email _____

MEDICAL INFORMATION

Emergency Contact _____
Insurance Carrier _____ Policy # _____
Preferred Physician _____ Phone # _____
Disability (please note if your child is in a wheelchair) _____

I/We, the parents/guardians of the above-named candidate for a position on a Little League team, hereby give my/our approval to participate in any and all Little League activities, including transportation to and from the activities.

I/We also know that participation in baseball or softball 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, Little League Baseball, Incorporated, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.

Parent/Guardian Signature: _____ Date: _____

I, _____, the parent/guardian of _____, authorize the use of his/her name and photo for display on the Challenger Baseball website, Challenger Baseball Facebook page, The Daily Sentinel, JUCO website and any other promotional information such as flyers or posters.

Signature of Parent/Guardian _____ Date: _____