

Challenger Baseball Buddy Registration Form

Name _____ Age _____

School _____ Right Handed _____ Left Handed _____

Parent or Guardian's Name _____

Email _____

Home Phone _____ Cell Phone _____

Address _____

City, State, Zip _____

T-Shirt Size (please circle): YOUTH: Small Medium Large X-Large
 ADULT: Small Medium Large X-Large XX-Large

List names of any specific Challenger Baseball player you would prefer to be paired up with:

List any specific experience or qualifications you may have working with disabled children or baseball:

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

Yes _____ No _____

Challenger Baseball reserves the right to dismiss a buddy for disruptive or unsafe behavior.

Parent or Guardian Signature _____

Emergency Contact _____ Phone Number _____

Insurance carrier _____ Policy # _____

Complete the Registration Form and the Medical Release Form.

**Mail to: Coach Becky Crocker
 1021 E. 48th Street
 Kearney NE 68847**

**Questions: Coach Becky Crocker
 2browndogz@charter.net
 308-440-4291 or 234-3225**