Challenger Baseball Player Registration Form

Name		Age						
chool			Right H	anded	Le	Left Handed		
Parent or Guardian's Name _								
Email							_	
Home Phone	Cell Phone							
Address							_	
City, State, Zip								
T-Shirt Size (please circle):	YOUTH: ADULT:	Small Small	Medium Medium	Large Large	X-Large X-Large	XX-Large		
List player's disability:								
Additional limitations and/or	information th	at will help	the coache	s and/or b	uddies:			
(Please circle): Wheelchai	r Walker	Crutches	Other					
I/We, the parents or guardians of the Baseball/Little League activities. I/W injuries to players, and do hereby wai League Baseball Incorporated, the org the result of negligence or for any oth	e know that partici ve, release, absolv ganizers, sponsors,	pation in base e, indemnify a supervisors a	ball may result and agree to hol and participants	in serious in d harmless C for any clain	juries and prote Challenger Base n arising out of	ective equipment does not prever ball, the local Little League, Litt any injury to my/our child whetl	nt all	
I/We agree to return, upon request, ar	y equipment issue	d to my/our ch	nild in as good a	a condition a	s when received	d except for normal wear and tea	r.	
I/We will furnish proof of residence a	and/or a certified bi	rth certificate	of the above-na	amed candid	ate to League C	Officials if necessary.		
I/We give permission for the free use Yes No	of the buddy's nar	ne and/or pict	ure in any news	paper, broad	lcast or telecast	of Challenger games:		
Parent or Guardian Signature								
Emergency Contact		Phone Number						
Insurance carrier	arrierPolicy #							

Complete the Registration Form and the Medical Release Form. Include a registration fee of \$25 and mail to:

Coach Becky Crocker
Questions:
Coach Becky Crocker
2browndogz@charter.net
Kearney NE 68847
308-440-4291 or 234-3225