



2014 BILLERICA LITTLE LEAGUE CHALLENGER REGISTRATION



Challenger Player Information 2014

Child's legal name

First Middle Last

Shirt Size:

Youth SM Youth Med Youth L Youth XL
Adult SM Adult Med Adult L Adult XL

Pant Size:

Youth SM Youth Med Youth L Youth XL
Adult SM Adult Med Adult L Adult XL

What school does your child attend? Grade

The Challenger Division of Little League Baseball is organized specifically for children with mental or physical conditions that prohibit safe participation in other divisions.

Please describe the medical condition that makes your child eligible for Challenger play.

Each Challenger player will be assigned a buddy to assist during games and practices.

Is there specific information that will help in the selection of a buddy for your child?

Is there other information that will help the coaches and buddies provide the best Challenger experience for your child?

How can we reach you if games are cancelled due to rain or field conditions? (Please list several numbers if possible.)

Signature of Parent or Guardian

Date

Email (please print clearly)



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RETURNING **TEAM** _____ **NEW**

Player's Name		Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Phone	Does your family live in Billerica <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mailing Address		What age will the player be on April 30, 2014?	
City:	State:	Zip:	
Physical address (if mailing address is a PO Box)			

Parent #1		Parent #2	
Name		Name	
Phone		Phone	
Email (please print clearly)		Email (please print clearly)	
Place of Employment		Place of Employment	
Alternate Emergency Contact Information			
Name	Relationship	Phone	
Primary Care Physician			
Name	Address	Phone	

I/We the parents/guardians of the above named Billerica Little League CHALLENGER Division player, hereby give my/our approval to participate in any and all Little League activities, including transportation to and from the activities.

I/WE know that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to the players, and do hereby waive, release, absolve, indemnify and agree to hold harmless the Billerica Little League Organization.

I/We agree to provide proof of legal residence (as defined by Little League Baseball, Inc.) and age. I/We understand that our child must be eligible under the residence and age regulations of Billerica Little League Baseball and if any controversy arises regarding residence and/or age, the decision of the Charter Committee in Williamsport shall be final and binding.

I/We consent for my child to be photographed and videotaped for the purposes of player and sponsor recruitment and promoting the mission of the Billerica Little League CHALLENGER Division with the general public.

I/We agree that a parent or other adult authorized to make medical decisions for my/our child must be present at all practices and games.

Signature of Parent or Guardian

Date