

## Application To Play Challenger Little League 2019

Player's Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Current School \_\_\_\_\_

New to Challenger? \_\_\_\_\_ Last Year's Coach or Team? \_\_\_\_\_

Friends or siblings you would like to play with? \_\_\_\_\_

T-Shirt Size: Youth Med \_\_\_ Youth Large \_\_\_ Adult Small \_\_\_ Adult Med. \_\_\_ Adult Large \_\_\_ Adult XL \_\_\_ AXXL \_\_\_  
(T-shirt sizes cannot be guaranteed.)

Parent or Guardian's Names \_\_\_\_\_ E-mail: \_\_\_\_\_

Player's Disability \_\_\_\_\_ Wheelchair \_\_\_ Walker \_\_\_ Crutches \_\_\_\_\_

Other Limitations? \_\_\_\_\_

I/We, the parents 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 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 the local Little League, Little League Baseball Incorporated, the organizers, sponsors, supervisors, participants and person transporting my/our child to and from activities 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 a certified birth certificate of the above-named candidate to League Officials if necessary.

I/We give permission for the free use of the player's name and/or picture in any newspaper, broadcast or telecast of Challenger games: Yes \_\_\_ No \_\_\_

Parent or Guardian Signature \_\_\_\_\_

Name of Family Hospitalization plan and plan # \_\_\_\_\_

**Yes, I will volunteer** (name, and please circle below) \_\_\_\_\_ Whatever is needed \_\_\_\_\_

Coach      Asst. Coach      Team Parent      Buddy      Board Member      Field Cleanup

**Complete this form and the Medical Release Form on the back. Early registration discounted price is \$20 if RECEIVED by February 10, 2019! If received on February 10th or later the FULL registration fee of \$30 is due (\$15 for each additional player from the same family). Payment can be made with PayPal via our website, and the forms can be emailed to us for convenience.**

**Mail To: Kelly Coleman  
8121 South 105<sup>th</sup> Street  
LaVista, NE 68128**

Questions? email: [kellycoleman08@gmail.com](mailto:kellycoleman08@gmail.com)  
402-968-3608  
or call 558-0031 to leave a message

Scholarships are available on a limited basis and must be **pre-approved** by the Board of Directors.

Challenger Little League and the Alumni League follow CLL and Special Olympics rules and regulations.