

Application To Play Challenger Little League

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 ___ AXXXL ___
(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. Registration is \$25

Mail To: PO Box 241628,
Omaha, NE 68124

Questions? email: cllomaha@yahoo.com

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.