

2018

Challenger Division



CHALLENGER DIVISION REGISTRATION

Return To: Challenger Little League Baseball / 2502 Eagle Lane, Cameron Park, CA 95682

Make checks payable to: "District 54 Challenger Division" (\$30 - 1 player, \$50 - per family) Instructions: This form is to be filled out by a parent or guardian. When complete please mail to the above address with the appropriate registration fee and verification of age (copy of birth certificate).

California District 54 Little League

Players Name: _____ Birthdate: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Primary Contact Phone: _____ Primary Contact Email: _____

Secondary Contact Phone: _____ Secondary Contact Email: _____ (optional) (optional)

Mother's/Guardian Name: _____

Father's/Guardian Name: _____

Disability: _____

School Attending: _____

Last Year's Team/Coach: _____

In case of Emergency Call: _____ Relationship to Participant: _____

Physician's Name: _____ Phone: _____

- I am interested in volunteering for the following:
- [] Asst. Coach/Helper
- [] Team Parent
- [] Team Sponsor
- [] Helping w/ Opening/Closing Day

JERSEY SIZE (Please Check One):

- YOUTH: Small (6-8) [], Medium (10-12) [], Large (14-16) [], X-Large (18-20) []
ADULT: Medium (10-12) [], Large (14-16) [], X-Large (18-20) []

*Must select a size in order to receive a jersey

Important - Please Read Before Signing

I/We the parents of the above named candidate for a position in Challenger Little League Baseball authorize the team manager, coach, assistant coach, League official or Board of Directors member to transport the above named player to the nearest hospital in case of injury, or suspected injury while associated with Challenger Little League and authorize the hospital attending physician to administer necessary emergency professional medical care to the above named player upon his/her arrival at the hospital.

At no time will payment of any fees be a prerequisite for participation in the Little League Baseball Program.

Dated: _____

Signed: _____

To Be Filled in By League Representative

Age Verification Checked (Birth Certificate): [] Yes [] No League Age: _____

Reg. Fee Paid: _____ Amount: _____ [] Cash [] Check

Date: _____

A donation of \$ _____ Received from: _____ for Challenger Little League

Date: _____ [] Cash [] Check