

APPLICATION TO PLAY CHALLENGER BASEBALL 2017

_____ M _____ F _____ BIRTH DATE _____

PLAYER'S NAME _____

ADDRESS CITY STATE ZIP _____

HOME PHONE _____ MOBIL _____ TEAM NAME _____ 1ST YR _____

PLAYER PARTICIPATION INFORMATION

I, the parent/guardian of the named candidate for a position on a Challenger Division Little League team. Hereby give my approval to participate in any and all Challenger Division Little League activities; and I Do hereby waive, release, above, indemnify and agree to hold harmless the Challenger Division, Boardman Community Baseball, Little League Baseball, Inc., the organizers, sponsors, participants, and Persons transporting my child to and from activities, for any claim arising out of injury to my 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.

PARENT OR GUARDIAN'S SIGNATURE _____ DATE _____

PRINT NAME _____

MAKE CHECK PAYABLE TO BOARDMAN COMMUNITY BASEBALL ... \$20.00 FEE

Registration Received CASH _____ CHECK # _____

PARENT OR GUARDIAN MUST ATTEND PRACTICES AND GAMES WITH PLAYER

Please complete the following information for your child.

Special Needs: _____ Does child use a wheelchair? Y N

Player School: _____ **PLAYER MUST HAVE AN IEP**

Caps, jerseys, trophies and a year end banquet will be provided by Challenger Baseball.

Player uniform size: ALLOW FOR SHRINKAGE!

Hats: Youth 21-5/8" (around head or less) _____ Adult 22" (around head) _____

Shirts: Youth: SM. 6-8 _____ MD. 10-12 _____ LRG. 14-16 _____

Adult SM. 34-35 _____ MD. 38-40 _____ LRG. 42-44 _____ XL 46-52 _____

XXL. 54 _____ other _____

BUDDY TEE: Youth: SM MD LRG Adult: SM MD LRG XL XXL

INTERESTED in VOLUNTEERING: Manager _____ Coach _____ Team Mom _____

Any person on the field or in the dugout with the players whether during practices or games must Complete a volunteer form. This application gives BCB per mission to conduct a background check.

YOU MUST HAVE A COPY OF YOUR DRIVER'S LICENSE AT FIRST GAME. Volunteer forms will be provided.

REGISTRATION DEADLINE APRIL 17TH (to guarantee a uniform)

MAIL TO: JIM COLALUCA, 1653 LYNN AVE, POLAND, OH 44514

Ph: 330-770-6263