



SPRINGFIELD CHALLENGER LITTLE LEAGUE PLAYER REGISTRATION APPLICATION

FAMILY INFORMATION

Family Name: _____ Address: _____

Home Phone: _____ City: _____ Zip: _____

Family E Mail Addresses: _____

Father's Name: _____ Mother's Name: _____

Father's Cell: _____ Mother's Cell: _____

Emergency Contact Person: _____ Emergency Contact #: _____
(For use if parents cannot be contacted)

PLAYER'S INFORMATION

Last Name: _____ First Name: _____ Nickname: _____

Date of Birth: ____/____/____ Height: _____ Weight: _____ Gender: _____ School: _____

Player's Disability: _____

Special Needs (walker, wheelchair, signer, restroom assistance): _____

Personality Strengths: _____

Conversation Starters (siblings, friends, pets, interests, etc): _____

Behavioral Concerns (and the best way to handle): _____

Special Requests: _____

MEDICAL RELEASE

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (I.e. EMT, First Responder, E.R. Physician)

Physician Name: _____ Phone #: _____

Address: _____ Medications: _____

Medical conditions to be aware of (diabetic, seizures, asthma, vomiting, etc.): _____

Warning OR Indicators of medical or emotional concerns: _____

Authorized Parent/Guardian Signature

Date

RELEASE OF LIABILITY

I/We know that participation in baseball or softball 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 persons transporting my/our child to and from activities, from any claim arising out of injury to my/our child whether the result of negligence or for any other cause.

Authorized Parent/Guardian Signature

Date

The registration fee is \$50.00 per family but financial assistance is available.

Please waive the \$50.00 registration fee _____ (check here)

Call Eddie at 703-304-2330 or egarret166@aol.com if you have questions

**Mail completed form with check payable to Springfield Challenger baseball to:
Springfield Challenger Baseball, c/o Patti Alf - 8810 Dianne Place - Springfield VA 22152**