



SPRINGFIELD CHALLENGER LITTLE LEAGUE FALL 2010 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: _____
 Father's Work #: _____ Mother's Work #: _____
 Emergency Contact Person: _____ Emergency Contact #: _____
 (For use if parents cannot be contacted)

CHILD'S INFORMATION

Last Name: _____ First Name: _____ Nickname: _____
 Date of Birth: ____/____/____ Height: _____ Weight: _____ Gender: ____ School: _____
 Child's Disability: _____
 Special Needs (walker, wheelchair, signer, restroom assistance): _____
 Strengths: _____
 Weaknesses: _____
 Special Areas to Watch: _____

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**