

Challenger Baseball - Player Registration Form

Player Name _____ Returning Player ? Y N

Address: _____

City, State & Zip _____

Home Phone # _____ Cell Phone # _____

Email: _____

Player Birthdate: _____ Age of child as of April 1st _____ Gender: M F

T Shirt Size (Circle one): Youth M L OR Adult S M L XL XXL XXXL

Registration fee \$50 / \$53 w/credit card Checks payable to Challenger Baseball or credit card thru
the website - www.challengerbaseball.net OR fill out your credit card information below

Credit card #: _____ Exp date: _____ Code: _____

Billing zip code: _____

Parent/ Guardian

Parent/ Guardian

Name _____ Name : _____

Phone: _____ Phone: _____

Medical Information

Emergency contact: _____

If your player is injured during a game and needs emergency medical assistance, we will call 911

I/ We the parents/guardians 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 also 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 any injury to my /our child whether the result of negligence or for any other cause.

Parent/ Guardian Signature: _____ Date: _____

I, _____, the parent/guardian of _____

Authorize the use of his/her name and photo for display on the Challenger Baseball website, Challenger Baseball-GJ Facebook page, The Daily Sentinel, JUCO Website and any other promotional information such as flyers or posters.

Signature of Parent/Guardian _____ Date: _____

CHALLENGER BASEBALL

IT'S LITTLE LEAGUE TIME AGAIN – BATTER UP!

Challenger Baseball is an adaptive baseball program for kids with special needs.

Everyone plays. Everyone scores. Everyone wins!

IMPORTANT INFORMATION

Registration fee: \$50.00/ \$53.00 w/ credit card

Ways to pay:

- Pay by check made payable to Challenger Baseball
- Pay by cash (please bring exact amount)
- Pay by credit card at website or fill in information below

Credit Card #: _____ Exp Date: _____

Code: _____ Billing zip code: _____ For office use: _____

Contact information:

Best resource is your child's **Coach**

LIKE/ FOLLOW our Facebook page: **Challenger Baseball GJ** for announcements and photos

Website: www.challengerbaseball.net

Make sure we have your best email address and best contact phone number for texting & calling

CARMA BROWN

P.O. Box 667; Grand Junction, CO 81502

Cell 970-216-5554

carmalovesoils@gmail.com or carmab@hlic.com- work

KELLI HAMILTON

Cell – 970-250-0909 jkhamilton@hotmail.com

PLEASE HAVE YOUR CHILD AT THE FIELD AT 5 PM.

Games will begin at 5:30 and will be played for one hour. Prior to game time, we will pair each Challenger player with their buddy on the field.

**NO PETS ALLOWED INSIDE THE BLEACHER OR
FIELD AREA DURING OUR SEASON**

**FIRST GAME IS MONDAY, APRIL 7TH.
TEAM PHOTOS ARE ON MONDAY, APRIL 28TH**

Fun Facts About _____

Player Bio:

School the player attends and grade: _____

Nickname: _____

Favorite animal: _____

Favorite sport, team & or player: _____

Favorite food: _____

Favorite hobby: _____

Favorite song: _____

Number of years in Challenger: _____

Parents/Guardian Information:

Person 1:

Best contact name: _____

Best email: _____

Best phone: _____ Best way: Email or Text

Person 2:

Best contact name: _____

Best email: _____

Best phone: _____ Best way: Email or Text

WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate/attend on behalf of CHALLENGER BASEBALL, A DIVISION OF LITTLE LEAGUE INTERNATIONAL, and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation/Admission includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others and assume full responsibility for my participation/admission; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation/admission as regards protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation/admission, I will remove myself from participation/admission and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS CHALLENGER BASEBALL, A DIVISION OF LITTLE LEAGUE INTERNATIONAL, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant/attendee: _____

Participant/attendee signature: _____

Date signed: _____

FOR PARTICIPANTS/ATTENDEES OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. If myself, my spouse, and/or my child/ward do not agree to and/or their release provided above, I release the Releasees for any and all liabilities and withdraw my child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent/guardian signature: _____

Date signed: _____