



# Tucson Challenger Baseball 2009 Registration Form

Return To: Challenger Little League Baseball / 6069 E. Grant Rd. Tucson, AZ 85712 / (520) 886-5161  
 Instructions: This form is to be filled out by a parent or guardian. Please use pen and print clearly. When complete please mail to the above address with the appropriate registration fee  
 (\$30 - 1 player, \$40 - 2 or more per family)

<http://tucsonchallenger.org>

Date: \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Sex \_\_\_\_\_ Birth date \_\_\_\_\_ Nickname \_\_\_\_\_

Disability: \_\_\_\_\_ Wheelchair \_\_\_\_\_ Walker/Crutches \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Team Last Year: \_\_\_\_\_

Division: Minor (5 - 12) \_\_\_\_\_ Major (13- 21) \_\_\_\_\_ S/O (21 + older) \_\_\_\_\_ (Special Olympics Medical form required)

Lives With~Circle ( Father / Mother / Both/ Guardian/ Group Home )

Shirt Size (circle) Youth- Small- Medium- Large

Adult- Small- Medium- Large- Xlarge- 2XL- 3XL, 4XL (when available)

< Father >
Name: _____
Address: _____ _____
City _____ State _____ Zip code _____
E-Mail _____
Home Phone _____
Work Phone _____
Cell Phone _____
Company/Occupation _____

< Mother >
Name: _____
Address: _____ _____
City _____ State _____ Zip code _____
E-Mail _____
Home Phone _____
Work Phone _____
Cell Phone _____
Company/Occupation _____

## The Success Of Our Program Depends on You

I am interested in volunteering for the following:

**Manager Asst. Coach/Helper Team Parent Team Sponsor Corporate Sponsor Board Member**

**Helping with Opening/Closing Day Other:** \_\_\_\_\_

I/We the parents of the above named candidate for a position on a Little League Baseball Team agree to return upon request, the uniform, and other equipment issued to our child in as good condition as when received except for normal wear and tear. I/We 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.

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_

(FOR OFFICIAL USE ONLY)

Amount Due: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Cash [ ] Check # \_\_\_\_\_ Verified By: \_\_\_\_\_

A Donation of \$ \_\_\_\_\_ Received From \_\_\_\_\_

**At no time will payment of any fees be a prerequisite for participation in Challenger LL baseball program**  
 Scholarships available by request

# Baseball and Softball

## Medical Release

NOTE: To be carried by any Regular Season or Tournament Team Manager together with team roster or eligibility affidavit.

Player: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

League Name: \_\_\_\_\_ I.D. Number: \_\_\_\_\_

Parent or Guardian Authorization:

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)

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

In case of emergency contact:

\_\_\_\_\_  
Name Phone Relationship to Player

\_\_\_\_\_  
Name Phone Relationship to Player

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Medical Diagnosis Medication Dosage Frequency of Dosage

Date of last Tetanus Toxoid Booster: \_\_\_\_\_

Mr./Mrs./Ms. \_\_\_\_\_

Authorized Parent/Guardian Signature

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball/Softball. Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.

## Photo Release Language from Little League Baseball & Softball Form

I \_\_\_\_\_, of \_\_\_\_\_,

hereby give permission to Little League Baseball, Inc., to use photographs & video taken of me in any publication, media release, commercial venture, advertisement or promotional announcement, electronic or otherwise. I agree that neither I, my family, nor any organization is due any compensation if such images appear in any publication, media release, commercial venture or promotional announcement, electronic or otherwise. I agree that such images are the property of Little League Baseball, Inc.. I understand that Little League Baseball, Inc., may supply this image for use in any commercial venture or advertisement not published/produced for/by Little League Baseball & Softball.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_