



# Registration Form CHALLENGER DIVISION Bridgewater Community Little League



Player name		Birthdate	<input type="checkbox"/> male <input type="checkbox"/> female
Mailing address			
City		State	Zip
Home phone (land line only)	Physical address (if mailing address is a PO Box)		
What age will the player be on August 31, 2019?	What school does your child attend?	Teacher's name	

PARENT #1	PARENT #2
Name	Name
Cell phone	Cell phone
Email (please print clearly)	Email (please print clearly)
Place of employment	Place of employment

I/We, the parents/guardians of the above named candidate(s) 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 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.

I/We agree to return upon request the uniform pants in as good condition as when received except for normal wear.

I/We agree to provide proof of legal residence (as defined by Little League Baseball, Inc.) and age. I/We understand that our child must be eligible under the residence and age regulations of Little League Baseball, Inc., to participate in Bridgewater Community Little League, and that if any controversy arises regarding residence and/or age, the decision of the Charter Committee in Williamsport shall be final and binding.

I/We will furnish a certified birth certificate of the above-named child to League Officials upon request.

I/We understand that my/our information as the parent or guardian of the above-named player is sent by the local league to Little League International each year. Such use of information by Little League International can be found at [www.LittleLeague.org/privacypolicy](http://www.LittleLeague.org/privacypolicy). You may opt out of communications from Little League International at any time.

I/We consent for my/our child to be photographed and videotaped for the purposes of player and sponsor recruitment and promoting the mission of the Challenger program with the general public. This includes web and Facebook publication of photography (without last name identification).

I/We agree that a parent or other adult authorized to make medical decisions for my/our child will be present at all games and practices.

\_\_\_\_\_  
Signature of parent or guardian                      Date

FOR LEAGUE USE ONLY: Check # _____ Amount paid \$ _____ Date _____
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**(PLEASE PROVIDE INFORMATION ON REVERSE SIDE ALSO.)**

# PLAYER INFORMATION

Child's legal name \_\_\_\_\_  
(first) (middle) (last)

We put each player's FIRST NAME on the back of the uniform shirt so fans can cheer for our athletes as individuals. If your child is not called by the first name listed above, what name should be used? \_\_\_\_\_

If you prefer that your child's name is NOT printed on the shirt, indicate by checking this box.  NO NAME

SHIRT SIZE: (circle one)

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> Youth Small       | <input type="checkbox"/> Adult Small  | <input type="checkbox"/> Adult Extra Large |
| <input type="checkbox"/> Youth Medium      | <input type="checkbox"/> Adult Medium | <input type="checkbox"/> Adult XXL         |
| <input type="checkbox"/> Youth Large       | <input type="checkbox"/> Adult Large  | <input type="checkbox"/> Adult XXXL        |
| <input type="checkbox"/> Youth Extra Large |                                       |  |

PANTS SIZE: (circle one)

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> Youth Small       | <input type="checkbox"/> Adult Small  | <input type="checkbox"/> Adult Extra Large |
| <input type="checkbox"/> Youth Medium      | <input type="checkbox"/> Adult Medium | <input type="checkbox"/> Adult XXL         |
| <input type="checkbox"/> Youth Large       | <input type="checkbox"/> Adult Large  |  |
| <input type="checkbox"/> Youth Extra Large |                                       |  |

**The Challenger Division of Little League Baseball is organized specifically for children with physical or developmental conditions that prohibit safe participation in other divisions.** Please describe the condition that makes your child eligible for Challenger play and any other information that will help the coaches and buddies provide him or her the best possible experience?

If games are cancelled due to weather conditions, we will email all families, text as requested, and call those who do not have one of these options.

Please text me at the following number. \_\_\_\_\_

My cell carrier is (Sprint, Verizon, AT&T, etc) \_\_\_\_\_  
*(This information is required in order for us to establish email-to-text communication.)*

I do not have access to email or text. Please call me at the following number. \_\_\_\_\_

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date