

Applications must be mailed & received by March 17, 2017



2017 APPLICATION NYS District 6 Little League Challenger West Division

League Use Only

- Registration Fee \$20.00 / \$10 each additional child
- Birth certificate
- Medical release form

Childs First Name Childs Last Name Street Address City St Zip

Male Female

Name of Insured Insurance carrier Policy Number

Date of Birth Age E-Mail Address

(_____) _____
Home Telephone Number

(_____) _____
Cell Number

Please explain and identify any modification that would enable your child to successfully participate.

Medical Section

Please list your child's disability/classification. Be sure to include information about allergies or medical conditions in case of an emergency. Please list any Mobility Assistance Devices your child uses. (i.e.: Wheelchair, walker, etc.)

I/We the parent(s) /guardians of the above named candidate for a position on a Little League Challenger 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 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, Inc. the organizers, sponsors, participants and persons transporting my/our child to and from activities for any claim arising out of any injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

Note - League Insurance is secondary to your primary insurance.

The league age requirements are 4-18 years old or up to age 22 if still enrolled in high school.

I/We will furnish a certified birth certificate and evidence of residence of the above named candidate to League Officials.

Parent(s) or Guardian(s) Signature: _____ Date: _____

Print Parent or Guardian Name(s) Phone number(s)

Little League Baseball does not limit participation in its activities on the basis of disability, race, creed, national origin, gender, sexual preference or religious preference.

Please circle uniform size:

Shirt: Youth Size: S M L

Hat Embroided Name (Please print) _____

Adult size: S M L XL XXL

Sock Size : (Please specify shoe size) _____

Pants: **Please check one**

- Will provide own white baseball pants
- Challenger Division to provide white baseball pants

Youth Size: S M L

Adult size: S M L XL XXL

Please check one of the following:

- Wish to stay on the Team from last year.
- Wish to be placed on a different team.
- New player or don't have a preference.

Photo Release Permission to Newspaper, Website, TV, etc. Yes No

Financial assistance is available, if needed, please contact Challenger Directors:
Diana Perron (607) 738-6229

**Mail Registration Form to: District 6, Challenger League
PO Box 1044
Elmira, NY 14902-1044**

***** Please make checks payable to:
District 6 Little League Challenger Division**