

LITTLE LEAGUE CHALLENGER DIVISION REGISTRATION TO PLAY LITTLE LEAGUE
FOR LOCAL USE ONLY 2013

Please Print

DOB / / M/F CHALLENGER
Player Name League Age Sex Division

Street Address City Zip Home phone Work phone

Cell phone Emergency contact name / phone Child's sibling, if any,

Parents Names Address, hm, wk, and cell numbers

**Father _____

**Mother _____

Email _____

Address(s) _____

Please describe medical diagnosis and any physical considerations (allergies, hearing, vision, etc.) _____

Please list any medication taken and dosage _____

Name of family health plan _____ Hospital preference _____

Child's school _____

Talents parent/guardian can share

FEES Please circle one Jersey size: Youth _S M L_ Adult _S M L XL_

1. Little League registration fee for the Challenger Program **\$40.00**
(Includes shirt, patch, replica cap, ins, trophy, and snack fee)

2 Total Paid \$ _____
Collected By _____ Date _____ scholarship _____ Ck/Cash _____

MAKE CHECKS PAYABLE TO: DISTRICT 5 Little League

I/We, the parents of the above named player for a Little League team, hereby give our/my approval to participate in any and all Little League activities. I/We will make every effort to get my child to the games.

No Tolerance Policy: Challenger Division, Little League will be enforcing a no tolerance policy against any physical or verbal abuse to any Player, Manager, Coach, Umpire, Official or Spectator. We will not tolerate anyone verbally or physically abusing or harassing any Coach, Player, Umpire or League official before, during or after any game or practice. Any physical altercation or incident will result in immediate removal from the game and/or program. Suspension will be determined by the division official.
____ INITIAL

Anyone who is determined by the league board of breaking this policy will be warned and/or removed permanently from the league.

By signing below I have read the above and understand these policies. I will conduct myself accordingly and inform my child, family and friends of this policy.

Print parents or guardians name(s)

Parent or Guardian Signature

TEAM INFORMATION (ADMIN. USE ONLY)

Team Name _____ Coach _____ 2/2010

**MAIL W/PYMT, MEDICAL RELEASE FORM & NO TOLERANCE POLICY
TO: JENNIFER BURNS PO BOX 1415, EDGEWOOD, NM 87015 505-281-4645**