

Applications must be mailed & received by March 12, 2010

2010 APPLICATION  
NYS District 6 Little League  
Challenger East Division



**League Use Only**

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

\_\_\_\_\_  
 First Name      Last Name      Street Address      City      St      Zip

\_\_\_\_\_  
 Relationship to player      Insurance carrier      Policy Number      Ø Male      Ø Female

\_\_\_\_\_  
 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.

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 5-18 years old.

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

Adult size:      S    M    L    XL    XXL

Hat Size: (CHECK BOX)     Youth     Adult

Hat Embroidered Name (Please print) \_\_\_\_\_

Socks : (Use shoe size)      \_\_\_\_\_ Youth      \_\_\_\_\_ Adult

**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:  
 John Yorio (607) 562-7323, Lee Moran (607) 542-8024 & George Buck (607) 331-3614

**Mail Registration Form to: JohnYorio**  
**6 Woods View Dr.**  
**Elmira, NY 14903**

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