

Applications must be mailed & received by March 12, 2012

# 2012 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

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

\_\_\_\_\_  
 Relationship to player                      Insurance carrier                      Policy Number                       Male                       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.**

<b>Medical Section</b>	Please list your child's disability/classification. Be sure to include information about allergies or medical conditions in case of an emergency.
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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 will 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 5-21 years old, and must be registered in 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

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:  
 Lee Moran (607) 542-8024, Diana Perron (607) 738-6229 & John Yorio (607) 562-7323

Mail Registration Form to: **District 6 Little League  
 Challenger Division  
 PO Box 355  
 Big Flats, NY 14814**

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