



WOODSTOCK LITTLE LEAGUE

2015 Challenger Registration Form



League Age

(see age chart)

Player Name: _____
Last First

Nickname: _____

Birth Date: ____/____/____

Address: _____

Shirt Size _____ **Pant Size** _____

Hat Size: Youth Adult

Phone: () _____

School: _____

Gender: Male Female

email: _____

First year in WLL? Yes No

List siblings playing in WLL: _____

Player lives in city limits? Yes No

League Fee Paid: \$ _____ **Payment Method:** Cash Check Number: _____

Division	Age	Fee	
Jr. Challenger	4 – 18	\$30 per player	- Families with multiple players receive a \$20 discount per player
Sr. Challenger	18+	\$30 per player	- Players registering after January 30th will pay a \$25 fee
			- No refunds issued after March

Parent/Guardian #1

Parent/Guardian #2

<p>Name: _____</p> <p>Phone: _____</p> <p>email: _____</p> <p>Volunteer: Manage <input type="checkbox"/> Coach <input type="checkbox"/> Other <input type="checkbox"/></p>	<p>Name: _____</p> <p>Phone: _____</p> <p>email: _____</p> <p>Volunteer: Manage <input type="checkbox"/> Coach <input type="checkbox"/> Other <input type="checkbox"/></p>
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Medical Information

<p>Emergency Contact: _____</p> <p>Relationship to Player: _____</p>	<p>Phone: _____</p>	<p>League Use Only</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Birth Certificate</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Medical release</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Residency Proof</td> <td>Yes</td> <td>No</td> </tr> </table>	Birth Certificate	Yes	No	Medical release	Yes	No	Residency Proof	Yes	No
Birth Certificate	Yes	No									
Medical release	Yes	No									
Residency Proof	Yes	No									

1. I/We, the parents/guardians of the above-named candidate 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.
2. I/We know that participation in baseball may result in serious injuries and that protective equipment does not prevent injuries to all players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the local Little League, Little League Baseball, Inc., the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of injury to my/our child whether the result is of negligence or for any other cause.
3. I/We agree to return upon request the uniform and other equipment issued to my/our child in as good of condition as when received except for normal wear.
4. I/We agree that our child may be required to try out for a team. If such does not attend at least 50 percent of the tryouts, local Board-of-Directors approval is required for such candidate to be placed on a team.

5. I/We agree to provide proof of legal residence (as defined by LL) and age. I/We understand that our child (candidate) must be eligible under the residence and age regulations of Little League Baseball, to participate in this local league, and that if a controversy arises regarding residence and/or age, the decision of the Charter Committee in Williamsport shall be final and binding. I/We further understand that if any participant on a Little League team does not qualify for participation in the league based on residence and/or age, such participant and/or team on which he/she participates will be found ineligible, and forfeit(s) and/or suspension of Tournament privileges may be decreed by action of the Charter Charter Committee or Tournament Committee.
6. I/We will furnish a certified birth certificate of the above-named candidate to League Officials.
7. I/We agree participation in any other baseball organization will not conflict with Little League games or practices. If conflicts do arise, the league has the right to suspend or remove the player from the league.

Parent or Guardian Signature: _____ **Date:** _____

Include a Medical Release Form with Registration



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Medical Release Form



PARENT OR GUARDIAN AUTHORIZATION:

Player Name: _____

Parent/Guardian Name: _____ **Relationship:** _____

Parent/Guardian Name: _____ **Relationship:** _____

In case of emergency, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician).

Family Physician: _____ **Phone:** _____

Preferred Hospital: _____

Allergies, please list: _____

Medications, Please list: _____

Please list any allergies/medical problems, including those requiring maintenance medications. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

Disability: _____

Special Needs: _____

Do you have seizures? Yes No **Date of last seizure:** _____

Describe type of seizure & desired treatment: _____

Please list any other specific medical or other instructions: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Parent/Guardian Signature: _____ **Date:** _____

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL.
Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.



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Additional Challenger Information



The following questions are optional. They will help us gain a better understanding of your child and assist us in making this the best possible experience for your child.

Skill level in baseball: Beginner Intermediate Advanced

Verbal / Non-Verbal? Yes No If non-verbal, how do you communicate? _____

Easily Understood or Articulation Problems? _____

Any Sensitivities? Please list: _____

Social Skills / Interaction: _____

Each Challenger player will be assigned a buddy. Is there any information we can use to help in the selection as a buddy?

Any other information you feel will help the coaches/buddies with your child? _____

Anything else you would like us to know about your child? _____
