

BUTLER COUNTY CHALLENGER BASEBALL - 2024

Little League® Player Registration Form

NEW Player (Yes/No) _____ Returning Player/Team _____

Shirt Size Child: S M L XL Adult: S M L XL 2XL Other: _____ Preferred Uniform #: _____

Player Information

Player Name _____ Birthdate (mm/dd/yyyy) _____
Address _____ Gender (M/F) _____
Address _____ League Age (on May 1, 2024) _____
City _____ State _____ ZIP _____
Home Phone: _____

Parent / Guardian Information

Parent/Guardian #1 Name _____ Phone (cell/home) _____ Email _____ Occupation _____ Relationship to Player _____ Volunteer (Coach / Concessions / Field Maintenance / other) _____
Parent/Guardian #2 Name _____ Phone (cell/home) _____ Email _____ Occupation _____ Relationship to Player _____ Volunteer (Coach / Concessions / Field Maintenance / other) _____

**** Volunteers must complete a "Volunteer Application" form ****

Medical Information

Emergency Contact _____ Relationship to Player _____ Insurance Carrier _____
Phone _____
Policy# _____

Terms and Conditions

- (1) I/We, the parents/guardians of the above-named individual, hereby give my/our approval to participate in any and all Little League / Challenger Baseball activities.
(2) 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 Challenger League, Little League Baseball, Incorporated, the organizers, sponsors, supervisors, participants, from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.
(3) If applicable, I/We agree to return upon request the uniform and other equipment issued to my/our child in as good conditions as when received except for normal wear and tear.
(4) I/We agree to provide proof of legal residence or school enrollment (as defined by Little League Baseball, Incorporated at LittleLeague.org/residence) and age. I/We understand that the player named above must be eligible under the residence/school attendance and age regulations of Little League Baseball, Incorporated, to participate in this Local League, and that if any controversy arises regarding residence/school attendance and/or age, the decision of the Little League International Charter Committee in Williamsport, Pennsylvania shall be final and binding. I/We further understand that if any participant in Challenger Baseball league ages 5-22 must have a current IEP to participate in the local Challenger Baseball league.
(5) If applicable, I/We understand that our child may be chosen at any time to play on a Major Division team, if he or she is of the correct age for such division as determined by the local league and Little League Baseball.
(6) I/We will furnish a certified birth certificate of the above-named player to League Officials.
(7) I/We understand that my information as the parent or guardian of such above-named individual is sent by the local Challenger league to Little League International each year. Such use of information by Little League International can be found here: www.LittleLeague.org/privacypolicy. You may opt-out of communications from Little League International at any time.
(8) I/We consent to the use of photos, images, likeness of the above listed individual and undersigned to promote the Butler County Challenger league in print, advertising and social media.

Signature _____ Date _____

For official League Use Only
Paid Amount \$ _____ Check # _____ Cash _____ Credit Card _____
Received by (Challenger League official) _____ Date _____