



Registration Form CHALLENGER DIVISION Bridgewater Community Little League



Player name		Birthdate	<input type="checkbox"/> male <input type="checkbox"/> female
Home phone	Does your family live in the TA school district? <input type="checkbox"/> yes <input type="checkbox"/> no If not, what is your school district?		
Mailing address		What age will the player be on April 30, 2012?	
City	State	Zip	
Physical address (if mailing address is a PO Box)			

PARENT #1	PARENT #2
Name	Name
Phone	Phone
Email (please print clearly)	Email (please print clearly)
Place of employment	Place of employment

I/We, the parents/guardians of the above named candidate(s) 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.

I/We know that participation in baseball or softball 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, Incorporated, the organizers, sponsors, supervisors, 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.

I/We agree to return upon request the uniform pants in as good condition as when received except for normal wear and tear.

I/We agree to provide proof of legal residence (as defined by Little League Baseball, Inc.) and age. I/We understand that our child must be eligible under the residence and age regulations of Little League Baseball, Inc., to participate in Bridgewater Community Little League, and that if any controversy arises regarding residence and/or age, the decision of the Charter Committee in Williamsport shall be final and binding.

I/We will furnish a certified birth certificate of the above-named child to League Officials.

I/We consent for my child to be photographed and videotaped for the purposes of player and sponsor recruitment and promoting the mission of the Challenger program with the general public.

I/We agree that a parent or other adult authorized to make medical decisions for my/our child will be present at all games and practices.

Signature of parent or guardian

Date