



# Dos Pueblos Little League Challenger Baseball

## 2012 Registration Form



Mail to: DPLL Challenger Division  
P.O. Box 1243 Santa Barbara, CA 93116

Date: \_\_\_\_\_

Interested in "Triple A" Team Y/N \_\_\_\_\_

### PLAYER INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Nick Name \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ School and Grade \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_ Team Last Year \_\_\_\_\_

Disability \_\_\_\_\_ Wheelchair \_\_\_\_\_ Walker/Crutches \_\_\_\_\_

**Lives with** (circle): Father / Mother / Both / Guardian / Group Home

**Division: Tee Ball \_\_\_\_\_ OR Coach Pitch \_\_\_\_\_**

**Shirt Size** (circle) Youth: Small Medium Large **OFFICE USE ONLY SHIRT #** \_\_\_\_\_

Adult: Small Medium Large X-Large 2X-Large 3X-Large

### PARENT INFORMATION

Father (or Guardian)	Mother (or Guardian)
Name:	Name:
Address:	Address:
City:                      State:                      Zip:	City:                      State:                      Zip:
E-mail:	E-mail:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Occupation:	Occupation:

*I hereby authorize and give full consent to Dos Pueblos Little League Challengers Baseball to publish and copyright all photographs in which myself and my child may appear in during the Challengers season. I further agree that these photographs may be used for website, brochure, newsletter, advertising, poster, display, slide shows, video tape, catalogs, CD-ROM and like publications that reflect upon the organization in a positive manner.*

### The Success of Our Program Depends on You!

**I am interested in volunteering for the following (circle all that apply):**

Manager      Coach      Coach Asst.      Field Staff      Team Parent      Organizing an Event  
 Team Sponsor      Corporate Sponsor      After-Game Activities      Photo Day      Other

#### DPLL USE ONLY

Residency Approved By \_\_\_\_\_ Waiver Required? \_\_\_\_\_ Date of Birth Approved By \_\_\_\_\_

Reg Fee Due \$ \_\_\_\_\_ Vol Fee Due \$ \_\_\_\_\_ Sibling Discount Involved? \_\_\_\_\_ Total Due \_\_\_\_\_ Total Collected \_\_\_\_\_

Was Vol Fee Collected for this Player? \_\_\_\_\_ If not, why? (e.g., collected for a sibling, name of sibling, known Board member) \_\_\_\_\_

Cash Collected \$ \_\_\_\_\_ # of Checks Written \_\_\_\_\_ 1<sup>st</sup> Check # \_\_\_\_\_ Amount \_\_\_\_\_ 2<sup>nd</sup> Check # \_\_\_\_\_ Amount \_\_\_\_\_

Fees Paid by Mail? \_\_\_\_\_ Fees Collected By \_\_\_\_\_ Date \_\_\_\_\_ Registration Control # \_\_\_\_\_

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## Medical Release and Player Information

**Standard Medical Release Statement** In the event of illness or injury while under Dos Pueblos Little League supervision, I hereby authorize my child to be medically treated by a qualified physician and to receive such treatment as determined necessary by the attending physician. Treatment may include but is not limited to: First aid, anesthesia, suturing, X-rays, and or hospitalization. I further consent to waive, release, indemnify and agree to hold harmless Dos Pueblos Little League and its officers and Little League Baseball, Inc. for claims arising out of any injury to my child or ward whether the result of negligence or for any other cause, except to the extent of an amount covered by accident, medical or liability insurance policy carried by Dos Pueblos Little League.

Player's Name \_\_\_\_\_ Medical Insurance Carrier \_\_\_\_\_

Name & Phone Number of Local Emergency Contact \_\_\_\_\_

Name of Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

### Other Helpful Information:

**Please provide comments where necessary**

**Level of Speech (circle):**      Few Words    Sentences    Normal    Sign Language

**Hearing Capability (circle):**      Excellent    Fair    Poor    Needs Sign Language?

**Level of Understanding (circle):**      Excellent    Fair    Poor

**Primary Language (circle)**      English    Spanish    Other?

**Batting Preference (circle)**      Tee    Coach/Pitch

**Any Breathing problems?**      YES or NO    Explain \_\_\_\_\_

**Would use of Pecs (pictures/images) be helpful?**      YES or NO

**Sensitive to any of the following? (circle all that apply)**

Sunlight    Helmet    Ball    Glove/Mitt    Wet balls    Wood or Metal Bat  
Noise Levels    Hand over hand Skill Instruction    Holding Bat    Catching/Throwing

**Allergies to food, grass, bee stings, etc?** \_\_\_\_\_

**Any other information you would like to share about your child so our volunteers can maximize our field time?**

\_\_\_\_\_

\_\_\_\_\_