



District #63 Little League Challenger Division 2011 Registration Form



Mail to: District #63 **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 District #63 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 Asst. Coach Field Staff Team Parent
 Team Sponsor Corporate Sponsor After-Game Activities Other

District #63 Challenger Division 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 _____ 1st Check # _____ Amount _____ 2nd Check # _____ Amount _____

Fees Paid by Mail? _____ Fees Collected By _____ Date _____ Registration Control # _____

District #63 Little League Challenger Baseball

Medical Release and Player Information

Standard Medical Release Statement In the event of illness or injury while under District #63 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 District #63 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?
