

Challenger Coed Soccer League

REGISTRATION FORM



Name _____ Age _____

Parent or Guardian's Name *(for Emergency Medical Contact)*

Email _____ Primary Phone _____

Address _____

City, State, Zip _____

List player's disability *(This will help us ensure we have all necessary equipment for our athletes):*

Additional limitations and/or information that will help the coaches and/or buddies:

Wheelchair Walker Crutches Other _____

Did you sign up with a BUDDY? Yes No *(If Yes, please give the BUDDY Contact Information)*

Name _____

Email _____ Primary Phone _____

I/We, the parents or guardians of the above-named Challenger Baseball player, hereby give my/our approval to participate in any and all Challenger Programs ran by Valpo Parks.

Yes No

I/We give permission for the free use of the buddy's name and/or picture in any newspaper, broadcast or telecast for Valpo Parks: Yes No

Parent or Guardian Signature
