

# Challenger Coed Baseball 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:

\_\_\_\_\_  
\_\_\_\_\_

Right Handed

Left Handed

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

\_\_\_\_\_