

Challenger Division Registration-2017

Data entry # _____

Player's Name: _____ DOB: _____ Age: _____ M/F-BC Verify

Player's Address: _____ Home phone: _____

Parent wants to coach: _____ phone _____ Background checked: _____

Father/Legal Guardian: _____ Address: _____ City & Zip _____

Mother/Legal Guardian: _____ Address: _____ City & Zip _____

Parent home phone (if different): _____ Cell/Father: _____ Cell/Mother: _____

Doctor's Name: _____ Phone: _____

Medications taking: _____ Player's disability: _____

Any special considerations coach/manager should know: _____

Allergies: _____

Medical Release:

I/We, the undersigned parent(s) of, a minor, do hereby authorize La Habra City Little League, Inc. as agent(s) for the undersigned to consent to any medical treatment, X-ray examination, anesthetic, medical, or surgical diagnosis, or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under provisions of the MEDICINE PRACTICE ACT on the medical staff of any local hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but it is given to, provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

1. I/We, the parents of the above-named candidate 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.

2. 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, the City of La Habra, Little League Baseball, Incorporated, their organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.

3. I/We agree to participate in the local League's Fundraiser(s) and work in the Snack Shack one shift per parent of 2 to 2½ hours. _____-Initial by parents

La Habra City Little League, Inc./Dist 56 and the Insurance Company are not liable for expenses incurred for (a) damage to existing dentures, partial dentures, braces, fixed or removable bridges, and other artificial restoration (b) for broken or damaged eyeglasses, artificial limbs or orthopedic braces. We understand that the Little League insurance provided is a secondary insurance only with a **\$50 deductible that will not be paid by the local league.**

Please note: In order to get the season off to a good start:

Challenger is looking for many volunteers to help. Say, "**Yes, I can help,**" as a team mom, manager/coach, committee head, or help to plan opening day, help with pictures, or running the snack shack. Please circle one, so that we may contact you.

Please list your cell phone _____

Parent's signature _____

Date _____

Cell phone _____

League Use Only:

Team assigned to: _____ Division _____ Fundraiser Fee Collected- \$ _____

Jersey Size _____ # _____ Sibling _____

Name or (nick name) to be put on back of jersey: _____