

**2010 Application to Play Challenger Baseball – Kearney Little League**  
**THIS IS NOT A KEARNEY PUBLIC SCHOOL EVENT**

Player's Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Right Handed \_\_\_\_\_ Left Handed \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Current School \_\_\_\_\_

New to Challenger? Yes / No Last Year's Team/Color? \_\_\_\_\_

Friends or siblings you would like to play with \_\_\_\_\_

**T-Shirt Size:**

Youth Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ X-Large \_\_\_\_\_

Adult Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ X-Large \_\_\_\_\_ XX-Large \_\_\_\_\_

(T-shirt sizes cannot be guaranteed.)

Parent or Guardian's Names \_\_\_\_\_

E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Player's Disability \_\_\_\_\_

Wheelchair \_\_\_\_\_ Walker \_\_\_\_\_ Crutches \_\_\_\_\_ Other \_\_\_\_\_

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

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 Baseball/Little League activities including transportation to and from the activities.

I/We know that participation in baseball 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 Challenger Baseball, the local Little League, Little League Baseball Incorporated, the organizers, sponsors, supervisors, participants and person transporting my/our child to and from activities for any claim arising out of any injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

I/We agree to return, upon request, any uniform or other equipment issued to my/our child in as good a condition as when received except for normal wear and tear.

I/We will furnish proof of residence and/or a certified birth certificate of the above-named candidate to League Officials if necessary.

I/We give permission for the free use of the player's name and/or picture in any newspaper, broadcast or telecast of Challenger games:  
Yes \_\_\_\_\_ No \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

Insurance carrier \_\_\_\_\_ Policy # \_\_\_\_\_

**Complete this form and the Medical Release Form on the back.**

**EARLY** registration fee is **\$20** and must be **RECEIVED BY APRIL 15, 2010!**

**After April 15, 2010, the registration fee is \$30. Scholarships are available on a limited basis and must be pre-approved.\*A \$5 discount is given for each additional player registered from the same family\***

**Mail To: Challenger Little League  
c/o Becky Crocker  
1021 E. 48<sup>th</sup> Street  
Kearney NE 68847**

**Questions To:  
or**

**Becky Crocker (Challenger Coach)  
2browndogz2@charter.net  
Kristen Larsen (Arc of Buffalo County)  
larsenkl@charter.net  
308-237-4343**