



Division Headquarters
Nevada PEP, 7211 West Charleston Blvd.
Las Vegas, Nevada 89117
(702) 388-8899
Little League Baseball Nevada District 2
www.challengerllsnv.com



**PLAYER REGISTRATION FORM
SENIOR Division -- Age 16 & Up**

Registration Date:

Player's Name:		Date of Birth:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address:		City:		State:	Zip:
Primary Phone:		Alternate Phone:		Email Address:	
Shirt Size: Youth: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL Adult: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL			New Player? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Prior Team:	
Parent # 1's Name:			Parent # 2's Name:		
Occupation:		Company:		Occupation:	
Primary Phone:		Alternate Phone:		Primary Phone:	
Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No		Carrier			
Parent/Guardian Signature: X			I am willing to assist in the following ways: <input type="checkbox"/> Coach <input type="checkbox"/> Team Mom <input type="checkbox"/> Task Force Member <input type="checkbox"/> Sponsor <input type="checkbox"/> Assist w/ Picnic <input type="checkbox"/> Unable		

I/We the parents of the above named player in Challenger Little League Baseball hereby give my/our approval to his/her participation in any and all activities during the current season.

I/We assume all risks and hazards incidental to such participation, including transportation to and from activities; and I/we do hereby waive, release, absolve, indemnify and agree to hold harmless the local "Challenger Little League" chapter, the organizers, board of directors, sponsors, supervisors, participants and any persons transporting my/our child to the extent and in the amount covered by accident or liability insurance.

I/We will furnish a certified Birth Certificate of the names player to the league officials.

I/We will provide a current Doctors release if requested, I/we will complete the Challenger Little League medical questionnaire.

I/We agree to be financially responsible for Challenger Little League equipment may/our child receives other than normal wear and breakage during games and practice, and I/we will reimburse for the loss and damage to said equipment.

I/We hereby waive, release, absolve, indemnify and agree to hold harmless the local "Challenger Little League" chapter, the organizers, board of directors, sponsors, supervisors, participants for any injuries sustained by the applicant whose lack of coordination or physical handicap might make them susceptible to injury.

I/We certify, to the best of my/our knowledge, all of the above information is correct.

EMERGENCY MEDICAL RELEASE

I/We the parents give our permission for any emergency treatment necessary either on the practice field of on the game field. I/We authorize any hospital and/or physician to perform emergency treatment for any injuries resulting from any scheduled function including the supervised travel to and from said function.

Doctor's Name:	Phone:
Parent/Guardian Signature: X	



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LEAGUE MEDIA RELEASE FORM

Dear Parent/Guardian:

At times during and after Challenger Little League baseball games, volunteers, parents, and/or news media may ask to interview, photograph, audiotape, film and/or videotape students. This material may be utilized in media that includes, but is not limited to, the following: newspaper articles, television coverage, websites, internal or external publications, newsletters, video presentations, and/or Challenger Little League presentations.

Your signature on the form below authorizes the Challenger Little League of Southern Nevada to release your child's name, photograph, and/or audio/video/film production for publication related to Challenger Little League functions and activities.

Once signed and dated, this form shall remain in effect until the end of the current Challenger Little League season. At any time during the season, however, you may revoke this permission for future use by notifying, in writing, the director of the Challenger Little League of Southern Nevada.

As the parent/guardian of _____ ,
Player's Name (please print)

I give permission for the Challenger Little League of Southern Nevada to release my child's name, photograph, and/or audio/video/film reproduction for publication, broadcast or posting to the www.challengerllsnv.com website, as described above.

Printed Name of Parent/Guardian:	Date:
Parent/Guardian Signature:	
X	