

Challenger Update

Hello Challengers,

Coaches Bob, Wayne, Ron and Amy say that they are ready for spring and are ready to play some Challenger ball! It will soon be time to get those gloves out and dust them off in preparation for another exciting year.

Enclosed you will find the registration forms for this year. Please complete all forms and return them to me as soon as possible (my address is indicated below). The cost is \$30 per player and the check should be made out to the Clarksville Little League. **The deadline for registration will be Monday, March 6.** If you need parent shirts, please send me a note with the number of shirts needed and the sizes. The cost is \$20 per shirt and you can include the cost on your registration check.

We will play again on Thursdays in May and June at 7:00 PM at the Clarksville Little League on fields 5, 6 & 7. We will learn more about this year's exciting events at a later time.

If you know of anyone interesting in playing in our league, feel free to make copies of these forms for distribution. You can also have the parents call me directly or provide me their name and number and I will contact them. **Remember, the deadline for registration is March 6.**

We look forward to a special year with the Challengers this year. Thanks and we will see you soon.

Sincerely,



Billie & Mickey Higdon
226 East Carter Ave
Clarksville, IN 47129
812-283-8443
mickeyhigdon@twc.com

Registration #

Division



2017 CLL Spring Player Application

PLAYER INFORMATION *Please circle one:* BASEBALL SOFTBALL COACH PITCH TEEBALL

Player's First Name_____
Player's Last Name____/____/____
Date of Birth_____
League Age_____
Player's Street Address_____
City_____
State_____
ZipWaiver needed

YS YM YL AS AM AL AXL

Hat/Visor size: Adult / Youth

**Please circle a jersey size and be as accurate as possible to avoid being charged for an additional uniform

MEDICAL INSURANCE INFORMATION

Insurance Company_____
Policy Number_____
Policy Holder

PARENT/GUARDIAN INFORMATION *** Check the box next to your preferred phone number***

Father's Name(____) _____
Home Phone(____) _____
Cell Phone_____
Mother's Name(____) _____
Home Phone(____) _____
Cell Phone

ANY RESTRICTIONS (HEALTH OR PHYSICAL) YES NO

IF YES PLEASE EXPLAIN: _____

Email Address: _____

VERIFICATION

****MY SIGNATURE BELOW INDICATES THAT THE ABOVE INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE****_____
SIGNATURE_____
DATE

FOR OFFICIAL USE ONLY

BIRTH CERTIFICATE YES NO

OTHER PROOF OF BIRTH DATE _____

PROOF OF RESIDENCE YES NO

BOARD MEMBER SIGNATURE _____

PAYMENT YES NO Cash Check # _____

SCH. YES NO

Paid Amt. \$ _____ Balance _____
of _____

Siblings in Same Division Name _____

Manager or Coaches Kid
Request _____
Objection on File



Little League[®] Baseball and Softball Medical Release



NOTE: To be carried by any Regular Season or Tournament Team Manager together with team roster or eligibility affidavit.

Player: _____ Date of Birth: _____

League Name: _____ I.D. Number: _____

Parent or Guardian Authorization:

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: _____ Phone: _____

Address: _____

Hospital Preference: _____

In case of emergency contact:

Name	Phone	Relationship to Player

Name	Phone	Relationship to Player

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Date of last Tetanus Toxoid Booster: _____

Mr./Mrs./Ms. _____
Authorized Parent/Guardian Signature

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball/Softball.

Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.