



# Challenger Little League of Southern Nevada

## Division Headquarters

Nevada P.E.P., 2355 Red Rock Street #106, Las Vegas, Nevada 89146  
(702) 388-8899



Division Director: Tom Taycher  
Little League Baseball Nevada District 2



www.challenger-little-league-of-southern-nevada.org

## LEAGUE REGISTRATION FORM (WEBSITE FORM)

Registration Date: \_\_\_\_\_ Registration Fee: \_\_\_\_\_

Player's Name: \_\_\_\_\_ Gender:  Female  Male Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Shirt Size: Youth  S  M  L  XL Adult  S  M  L  XL  XXL

New Player?:  Yes  No Name of Prior Team: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance:  Yes  No Carrier: \_\_\_\_\_

*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 my/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.*

Parent/Guardian Signature: \_\_\_\_\_

I am willing to assist in the following ways:  Coach  Team Mom  Task Force Member  Sponsor  
 Assist in planning of PICNIC  Unable to volunteer this season

### 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: \_\_\_\_\_