

Oregon District 7 Little League - CHALLENGER DIVISION

2010 Player Registration

Please **PRINT** all information except signature at bottom of application.
Return to "Oregon D7 LLBB c/o 1815 20th Street NE, Salem, OR 97305".

Players Name (Last, First): _____

Parent/Legal Guardian Name(s) (Last, First): _____

PO Box#: _____

Legal Street Address: _____

City & Zip Code: _____

Home Phone #: _____

Contact E-Mail Address: _____

School nearest residence: (not school attending): _____

Age as of **April 30th** this year: _____

Gender (M or F): _____

Birth date (Month/Day/Year): _____

<p style="text-align: center;">Players Shirt Size(Please circle ONE):</p> <p>Youth S M L XL or</p> <p>Adult S M L XL XXL</p>	<p style="text-align: center;">Player Hat Size (Please circle ONE):</p> <p style="text-align: center;">YOUTH or ADULT</p>
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ALSO - complete the Little League Medical Release on the next page. Private insurance is NOT mandatory. Birth Certificate **NOT REQUIRED IN DIVISION.**

1. I/we the parents/guardians of the above-named participant hereby give my/our approval for participation in any and all Little League activities, including transportation to and from the activities.
2. I/we know participation in baseball or softball may result in serious injuries and protective equipment does not prevent all injuries to players, and I/we do hereby waive, release, absolve, indemnify, and agree to hold harmless the local Little League, Little League Baseball, Inc, the 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 provide proof of legal residence of the above-named player (as defined by Little League Baseball, Inc.)
4. I/we understand our child must be eligible under the residence and age regulations to participate in this program.
5. I/we understand that Little League baseball uses an official on-line network. I/we understand the network is protected by the Children's Online Privacy Protection Act and hereby give my/our consent to the collection and use of personal information to enable him/her to become a member of that network.
6. I/we permit Little League Baseball, the local Leagues and Districts to use and release photographs and recorded medium of this child in promoting or advertising the Challenger Division of Little League.

Signature of Parent/Legal Guardian: _____ **Date Signed:** _____

This program requires Volunteers!

(A background check needs to be completed prior to your assignment in this youth-related volunteer position.)

Please advise if you are willing to volunteer your assistance in one of the following manners:

◇ Manager (head coach) ◇ Coaching (assisting) If one of these is checked, please provide ODL# _____.

◇ Deaf Interpretation ◇ Assisting with the children ◇ Coordinating treats for games

◇ Making a financial donation. (No registration "fee" is required for participation; donations help offset expenses.)

◇ Sponsoring a team (\$300). If more sponsors are received than required for the number of teams, you will be contacted as any funds are appreciated and may be used for special events, upgrading equipment, etc. as part of a "Challenger General Fund" within Oregon Little League District 7.

Please make Checks Payable to "Oregon D7 Little League/Challengers"

Enclosed is: \$ _____ Check #: _____

**Little League Baseball
2010 Medical Release**

Note: A copy of this will be carried by the team "manager" during all practices and games.

Oregon District 7 Little League Baseball - Challenger Division I.D. # 437- 07- 00

Player's Name: _____

Date of Birth: _____

Parent or Guardian Authorization:

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

Family Physician: _____ Phone: _____

Hospital Preference (note "None" if no preference)

In case of emergency, contact

Phone Number

Players Disability/Challenge

Special Needs (i.e. wheelchair, walker, buddy/assistance required, parent to help, etc.)

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

<i>Medical Diagnosis</i>	<i>Medication Dosage</i>	<i>Frequency of Dosage</i>

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

Date of last Tetanus Toxoid Booster, if known _____

Known Allergic Reaction to Bee Sting? ____ Yes ____ No Kit available with parent/child? ____ Yes ____ No

Name of Insurance: _____

Provider's phone number: _____

Policy Number: _____

Signature of Parent/Legal Guardian: _____ ***Date Signed:*** _____

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, marital status, or religious preference.