

**CHALLENGER SPORTS LEAGUE, INC.**

**PLAYER REGISTRATION FORM**

Sports interested in (check all that apply): Baseball \_\_\_\_\_ Bowling \_\_\_\_\_ Kickball \_\_\_\_\_  
Volleyball \_\_\_\_\_ Golf \_\_\_\_\_ Other: \_\_\_\_\_

**Player Information**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

(circle) Male Female Phone: \_\_\_\_\_ Birth date: \_\_\_\_\_

Does the player need adaptive equipment to participate in any sports (wheelchair, walker, bumpers):  
\_\_\_\_\_

Are there any physical limitations, medical conditions or behavioral concerns that your player's coach should be aware of? \_\_\_\_\_

**Level, Game and Team Information**

Age group: 5-10 11-17 18 and up

If played last year: Team/Coach: \_\_\_\_\_ Need a buddy? Yes No

Shirt Size (circle one): **Youth:** Small Medium Large

**Adult:** Small Medium Large X-Large XX-Large XXX-Large

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parents/Guardians are needed to assist with the League. Please circle your choice: Coach/Buddy

Picnic/Banquet Fundraising Publicity Registration/Volunteers

**Insurance/Group Home Information**

Primary Insurance Name: \_\_\_\_\_

Secondary Insurance Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_ House Phone: \_\_\_\_\_

**Note: Group home staff, parents and/or guardians must remain at the sporting event and assist the player with sporting activities, toileting and feeding if needed. Challenger volunteers are not able to provide assistance to the player away from the playing field, alley and/or gym.**

Please mail to Challenger Sports League, 3511 Landers Lane, Gasport, NY 14067

Any questions: Mark and Brenda Zimmerman (716) 735-9095 or Jennifer Bush (716) 735-7987

**CHALLENGER SPORTS LEAGUE, INC.**

**PLAYER RELEASE FORM**

Player's Name: \_\_\_\_\_

In consideration for Challenger Sports League, Inc. providing my player the opportunity to participate with the Challenger Sports League, Inc. sporting events, the undersigned does hereby release and agree to indemnify and hold harmless Challenger Sports League, Inc., its officers and directors from any and all claims for personal injury, death, property damage or any type of claim/damages (including but not limited to attorney's fees or litigation expenses) resulting from my player's activities in connection with participation in Challenger Sports League, Inc. sporting events or the participation of any family member or guest of the undersigned.

I assume all risks and hazards incidental to such participation in Challenger Sports League, Inc. Games and activities and consent for my player to receive first aid and/or emergency care by a qualified Emergency Medical Technician, Physician or other person qualified to render medical assistance in the event my player suffers an injury during sanctioned games and activities.

I agree to provide my player's specific medical information to Challenger Sports League, Inc. so that appropriate precautions and care can be provided to my player during sanctioned games and activities. I/we agree to be present at all games and/or activities so that I/we can manage our player's specific needs. I agree to have any and all medication (prescription and non-prescription) for my player and shall be solely responsible for dispensing any such medication to my player.

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

\_\_\_\_\_  
Date

I/we understand that there may be media and promotional coverage of Challenger Sports League, Inc. games and activities. I/we give my consent to publish my/our player's name and/or picture for such purposes.

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

\_\_\_\_\_  
Date