

Challenger Update

Hello Challengers,

The Challenger coaches are eager for another great year of Challenger baseball! It will soon be time to get those gloves out and dust them off in preparation for another year at the ballpark.

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 Saturday, March 14.** 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 2, 3 & 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 14.**

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

Sincerely,

Billie & Mickey

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



Little League Baseball and Softball MEDICAL RELEASE



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

Player: _____ Date of Birth: _____ Gender (M/F): _____

Parent (s)/Guardian Name: _____ Relationship: _____

Parent (s)/Guardian Name: _____ Relationship: _____

Player's Address: _____ City: _____ State/Country: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

PARENT OR LEGAL GUARDIAN AUTHORIZATION: Email: _____

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: _____ City: _____ State/Country: _____

Hospital Preference: _____

Parent Insurance Co: _____ Policy No.: _____ Group ID#: _____

League Insurance Co: _____ Policy No.: _____ League/Group ID#: _____

If parent(s)/legal guardian cannot be reached 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

Date of last Tetanus Toxoid Booster: _____

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.

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

FOR LEAGUE USE ONLY:

League Name: _____ League ID: _____

Division: _____ Team: _____ Date: _____

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.