



Southern Tier Challenger League
516 Front St., Vestal NY 13850
607-754-3368



The Southern Tier Challenger League is open exclusively to those with disabilities. Our league is open to males and females ages 6 and up with physical, emotional, mental and/or other challenges that would prevent them from participating on a baseball team. Open to residents in the Southern Tier and Northern Tier of PA.

Application to Play

Parent/Guardian: (First) _____ (Last) _____

Date of Birth: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (h) _____ (c) _____

Secondary Parent/Guardian: (First) _____ (Last) _____

Phone: (h) _____ (c) _____

Participant Name: (First) _____ (Last) _____

Date of Birth: _____ Male/Female: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Returning: Yes No Team Name: _____

I, the parent/guardian of the above participant, give my approval for my son/daughter to participate in any and all Challenger League activities. I understand that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players, and waive, release, absolve, indemnify and agree to hold harmless the local Challenger League, the organizers, sponsors, participants and persons transporting my child to and from activities for any claim arising out of any injury to my child, whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

I agree at the end of the season to return the uniform and any other equipment issued to my child in as good a condition as when we received it except for normal wear and tear.

Parent/Guardian signature: _____ **Date:** _____

Do you allow the Southern Tier Challenger League to post pictures of your child/participant on their website, facebook page and promotional material?

Yes, I agree: _____ Date: _____

No, I do not agree: _____ Date: _____

Please let us know if you are able to help with any of the following:

- Volunteer to provide snack for players after a game
- Volunteer to help prepare players for batting, such as having helmet on and are ready for their turn.
- Help get out equipment before games and put away after games
- Help keep field clean



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Application to Play

Player: (First) _____ (Last) _____

Date of Birth: _____ Team Name: _____

Parent/Guardian: (First) _____ (Last) _____

Phone: (h) _____ (c) _____

Parent/Guardian: (First) _____ (Last) _____

Phone: (h) _____ (c) _____

Parent or Guardian Authorization:

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

Family Physician: _____ Phone: _____

Address: _____

Hospital Preference: _____

If a parent or legal guardian cannot be reached in case of an emergency, please contact:

Name	Phone	Relationship
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Name	Phone	Relationship
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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 Booster: _____

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

Parent/Guardian signature: _____ **Date:** _____

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

Southern Tier Challenger League does not limit participation in this league on the basis of disability, race, color, creed, national origin, gender or religious preference.