

Shoreline Buddy Baseball

Challenger Little League
ShorelineBuddyBaseball.org

Buddy Registration/Waiver Form

Buddy's Name _____ Phone Number _____ Cell Phone _____

Address _____ Birthdate _____ *Age _____ Grade _____

***Volunteers 18 and over must also complete a Volunteer Form**

City, State, Zip _____ Current School _____

E-mail: _____ New to Buddy Ball? Yes No

Last Year's Coach or Team? _____ Last Year's Player _____

Special Requests: _____

T-Shirt Size: Youth Med ___ Youth Large ___ Adult Small ___ Adult Med. ___ Adult Large ___ Adult XL ___ Other ___
(T-shirt sizes cannot be guaranteed.)

Parent or Guardian's Names _____ E-mail: _____ Phone _____

Community Service: Yes No Name of Organization _____

I/We, the parents of the above-named candidate for a position on a Little League team, hereby give my/our approval to participate in any and all Little League activities, including transportation to and from the activities.

I/We know that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless the local Little League, Little League Baseball Incorporated, the organizers, sponsors, supervisors, participants and person transporting my/our child to and from activities for any claim arising out of any injury to my/our 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/We grant permission for my child to receive emergency medical treatment as necessary while attending any function with any team of the aforementioned Little League organizations.

I/We agree to return, upon request, any equipment issued to my/our child in as good a condition as when received except for normal wear and tear. I/We will furnish a certified birth certificate of the above-named candidate to League Officials if necessary.

I/We give permission for the free use of the buddy's name and/or picture in any newspaper, website, broadcast or telecast of Buddy Ball games: Yes _____ No _____

Parent or Guardian Signature _____

Participant Signature _____ Date: _____

Name of Family Hospitalization plan and plan # _____

Emergency Contact: _____ Relationship to Buddy: _____ Phone: _____

Complete this form AND the **Medical Release Form online or mail to:**

Shoreline Buddy Baseball

PO Box 212

Westbrook, CT 06498

Questions Contact: Dr. Kim Walker
860-853-8464 Drkimwalker@comcast.net

There is no registration fee for Shoreline Buddy Baseball. However, **DONATIONS are greatly appreciated. Checks can be made out to "Shoreline Buddy Baseball" and mailed to the address above. Thank you for your consideration.**