

CHALLENGER BASEBALL

Information About Child

Child's Name: _____ Date of Birth: _____ Child's Age: _____
Child's Phone: _____ Child's Address: _____
Child's Sex: M or F Grade: _____ School: _____
Child's Shirt Size: Circle One - Youth Adult Circle One - S M L XL

Information About Child's Parent(s)

Father's Name: _____	Mother's Name: _____
Home Address: _____	Home Address: _____
Home Phone: _____	Home Phone: _____
Office Phone: _____	Office Phone: _____
Employer: _____	Employer: _____
Office Address: _____	Office Address: _____

E-Mail Address: _____

Are you or a family member willing to volunteer your services as a buddy, umpire, sponsor or other volunteer?

- Buddy Umpire Sponsor Other (fill in below)
-

Please describe your child's special needs on the reverse side of this form.

I hereby give permission for my child _____, to participate in the above athletic program and hereby release and hold the City of Knoxville, Tennessee, Knox Youth Sports, Inc., The Challenger Division Board of Directors and their officers, directors, employees, agents, and coaches harmless from and against any liability incurred in connection with or arising out of my child's participation in said athletic program.

This form shall be valid for all Challenger League Sports for a period of one year.

Parent or Guardian Signature

CHALLENGER BASEBALL

MEDICAL RELEASE

Player: _____ Date of Birth: _____

League Name: _____ I.D. Number: _____

Parent or Guardian Authorization:

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: _____

Hospital Preference: _____

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

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

Date of last Tetanus Toxoid Booster: _____

Mr./Mrs./Ms.

Authorized Parent/Guardian Signature

**KNOXVILLE CHALLENGER LEAGUE
YOUTH ATHLETICS CONTRACT**

PLAYER'S NAME AGE/BIRTH DATE

ADDRESS CITY STATE/ZIP PHONE

SCHOOL SOCIAL SECURITY NUMBER TEAM

I, the parent(s)/guardian(s) of the above named child, give permission for my child to participate in the above named sport and its related activities, I understand that a parent or guardian must accompany my child to each game. I realize that my child's participation in the sport and related activities may result in personal injury and/or property damage. I also realize the inherent risks involved with such athletic activities and appreciate that nature of the risks.

This verifies that I know and understand the rules of the Baseball program and Knoxville Challenger League. In the interest of promoting a better program, I agree to abide by these rules without exception. On the basis of this pledge, I request permission for my child to participate in the Challenger Division. It is my understanding that failure to comply with these rules will result in the suspension of myself and/or my child from athletic participation and a record of this negligent conduct will be placed on file.

Therefore, I, intending to be legally bound, do hereby for myself, heirs, executors and administrators, waive and release any and all claims for personal injury and/or property damage of whatever kind or nature, that I may have against the Knoxville Challenger League, its officers, employees, agents, and/or persons acting on behalf of any of the foregoing entities, arising out of or resulting from my child's attendance at or participation in the Knoxville Challenger League including, but not limited to, traveling to and from the event.

I give permission for the free use of my child's name and picture in any newspaper article, broadcast telecast or other such account of the event.

SIGNATURE OF FATHER/GUARDIAN DATE

ADDRESS PHONE

SIGNATURE OF MOTHER/GUARDIAN DATE

ADDRESS PHONE