



REGISTRATION FORM

Canton Challenger Baseball (CCB), a division of Little League. Open to players with an IEP / ISP

Regular League (ages 4 18)

Senior League (age 16+)

Year: **2018**

FEES: \$45 per player, \$20 Per Each Additional Sibling

I would like to volunteer: Manager Assistant coach Other
 Parent Rep Team Sponsor

Past Team: New A's Astros Blue Jays Cardinals
 Indians Giants Pirates Red Sox Rockies Yankees

Method Of Registration Payment:

Cash Check FSS Coupons Money Order

Make checks payable to: **CANTON CHALLENGER BASEBALL**

Nature of Disability/ Reason for IEP/ ISP:

PARTICIPANT INFORMATION **ONLY FORMS RECEIVED BY APRIL 1, 2018 WILL HAVE UNIFORMS BY PICTURE DAY**

Players First Name:		Players Last Name:		Birth date -mm/dd/yyyy		Years in League (if known):	
Street address:				Home phone number:		Food allergies? (game snack reasons)	
City:		State: OH	ZIP:		School:		

CANDY BAR FUND RAISER

YES- I will sell candy: Yes Please get me _____ boxes to sell NO - I opt to buy-out for \$35 per player

All candy monies will be due by Opening Day

Summer Shirt Size:	Shirt Number:	Are Sizes: <input type="checkbox"/> Youth <input type="checkbox"/> Adult	In the event a game is rained out, what is the best way to contact you? Usually we will contact between 5 and 6 pm: <input type="checkbox"/> Email <input type="checkbox"/> Home Phone Parent/Guardian 1: <input type="checkbox"/> Cell Phone <input type="checkbox"/> Text <input type="checkbox"/> Email 2 Parent/Guardian 2: <input type="checkbox"/> Cell Phone <input type="checkbox"/> Text				
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PARENT/GUARDIAN INFORMATION

Parent / Guardian #1 name:			Parent / Guardian #2 name:		
#1 Address (if different from participant):			#2 Address (if different from participant):		
Home phone number:	Cell phone number:	May we text your cell? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home phone number:	Cell phone number:	May we text your cell? <input type="checkbox"/> Yes <input type="checkbox"/> No
E-Mail #1:			E-Mail #2:		

CONSENT INCLUDING USE OF PHOTOS

I hereby grant permission to CCB to use the above player's picture/likeness in its publications. This will only be used for non-commercial purposes. I consent to and attest to all the information on this form and: Give permission to use photos of player **DO NOT** consent to use players images

Date: _____ Parent/Guardian signature: _____
(NOTE: When online typed is accepted)

Mail completed form to: **Beth Wurgler, League Secretary 3590 Dauphin Dr. NE Canton, OH 44721**
QUESTIONS? Call or text: Lisa Parramore 330-958-4014 or Lisa Williams 330-265-6282