



## 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:	<b>Are Sizes:</b> <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 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**