



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: **2020**

Must be minimum ages by April 30, 2020

FEES: \$45 Per Player, \$20 Per Each Additional Sibling If Paid By March 1, 2020
\$50 Per Player, \$20 Per Each Additional Sibling If Paid After March 1, 2020

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

Player: New Returning Requesting Team Change

REGULAR LEAGUE:

A's Astros Blue Jays Cardinals Giants
 Pirates Red Sox Rockies Yankees

SENIOR LEAGUE:

Indians Mariners Diamondbacks

Method of Registration Payment:

Cash Check FSS Coupons Money Order

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

Nature of Disability/Reason for IEP or ISP:

PARTICIPANT INFORMATION: REGISTRATION MUST BE RECEIVED BY APRIL 1, 2020 IN ORDER TO PARTICIPATE IN THE 2020 SEASON

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:		Year Graduated:	

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

PARENT/GUARDIAN INFORMATION

Parent / Guardian #1 name:			Parent / Guardian #2 or Provider 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: <small>(NOTE: When online typed is accepted)</small>
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Mail completed form to: 3590 Dauphin Dr. NE Canton, OH 44721
QUESTIONS? Email: beth.wurqler@gmail.com or lisa.ann.parramore@gmail.com