



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: **2021**

Must be minimum ages by April 30, 2021

FEES: \$45 Per Player, \$20 Per Each Additional Sibling

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 Pd. In 2020

Make checks payable to: CANTON CHALLENGER BASEBALL

Nature of Disability/Reason for IEP or ISP:

PARTICIPANT INFORMATION: REGISTRATION MUST BE RECEIVED BY APRIL 15, 2021 IN ORDER TO PARTICIPATE IN THE 2021 SEASON

Players First Name:		Players Last Name:		Birth date -mm/dd/yyyy		Age:	
Street address:				Home phone number:		Years in League (if known):	
City:		State: OH	ZIP:	School:		Year Graduated:	

Summer Shirt Size:		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 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? Contact your Parent Rep or Email: beth.wurgler@gmail.com or lisa.ann.parramore@gmail.com