

North Bay Challenger Little League Baseball



132 10th Street, Santa Rosa, CA 95401, (707) 331-1321
www.eteamz.com/northbaychallenger
sonomachallenger@gmail.com



Mission Statement: NBCLLB provides an adaptive, co-ed, non-competitive, Little League experience for young athletes with physical and/or intellectual challenges. We provide an annual Spring-time baseball season where all players and families can have fun, socialize, and participate. We maintain a positive and supportive atmosphere for all participants and volunteers.

NBCLLB BUDDY APPLICATION

For Buddies age 15 and under. Buddies 16 and older must complete the Adult Application

If you volunteer to be a buddy, please plan to be at every game to help your player. They will be depending on you!! If you cannot be at a game, please call / email the Buddy Coordinator.

Name:	Today's Date:
Address:	
City:	Zip:
Phone:	Birthdate: M/F:
Email address:	
Primary Emergency Contact:	Phone:
Secondary Emergency Contact:	Phone:
Family Physician/Pediatrician:	Phone:
Allergies:	Date of last Tetanus booster:
Medications:	
Were you a buddy last year:	
Is there someone in particular you would like to buddy with:	
T-shirt Adult Size: S M L XL XXL	

Medical Release Form - District 35 Little League Challenger Division

In case of an emergency, I hereby authorize,

_____(Buddy) _____(Date of Birth)
to be transported by any coach, manager, parent or persons for the deemed purposes of emergency aid. I also authorize the emergency contact identified above and/or the manager, coaches or parents of team members acting in the capacities of activity supervisors or vehicle drivers to act as my agents for the purpose of providing consent to medical, surgical or dental examination and/or treatment in the event or occurrence of an accident or condition where such examination or treatment is required.

As parent or guardian, I hereby release and waive, and further agree to indemnify, hold harmless or reimburse the participating medical facility, its individual members, agents, employees and representatives thereof, as well as any members of District 35 Little League or its agents, from and against any claim, which I, any other parent or guardian, any sibling, the player, or any other persons, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses, damages, injuries arising out of, during, or in connection with the player's participation in District 35 Little League Challenger Division or the rendering of emergency/medical procedures or treatment.

Parent/Guardian

Signature: _____ Date: _____

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Photo and Video Release Form

I hereby authorize North Bay Challenger Little League Baseball (NBCLLB) to publish the photographs and videos taken of me and/or the undersigned minor child, and our names, for the use in the North Bay Challenger Little League Baseball (NBCLLB) printed publications, website and training purposes.

I release North Bay Challenger Little League Baseball (NBCLLB) from any expectations or confidentiality for the undersigned minor child and myself and attest that I am the parent or legal guardian of the child listed below and that I have the authority to authorize the North Bay Challenger Little League Baseball (NBCLLB) to use their photographs, videos and names.

I acknowledge that since participation in publications and websites produced by North Bay Challenger Little League Baseball (NBCLLB) is voluntary, neither the minor child nor I will receive financial compensation.

I further agree that participation in any publication and website produced by North Bay Challenger Little League Baseball (NBCLLB) confers no rights of ownership whatsoever. I release North Bay Challenger Little League Baseball (NBCLLB), its board members, volunteers, contractors or employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor child.

Terms & Conditions



(1) I/We, the parents/guardians of the above named candidate for a position on a Little League team, hereby give my/our approval to participate in any and all Little League activities, including transportation to and from the activities.

(2) I/We know that participation in baseball or softball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the local Little League, Little League Baseball, Incorporated, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.

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Grant Permission

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Decline Permission

Name of Minor Child _____

Age _____

Parent / Guardian Printed Name _____

Date _____

Parent / Guardian Signature _____

Parent / Guardian Printed Name _____

Date _____

Parent / Guardian Signature _____