District 6 Little League Baseball BUDDY Application Challenger Division 2020

(PLEASE PRINT)

Buddy's Name:	Date of Birth://
	All buddies must be at least 12 years old
Home Address:	
Please include town and zip code	
Home Phone #:	Email:
Cell Phone#:	
If you are under 18, please complete parent information:	
Mother's Name:	Cell #:
Father's Name:	Cell #:
Best Parental Email:	_
Emergency Contact Person:	
Name:	Phone #:
Do you have a sibling or friend playing on a D6 Challenger to	eam? If so, please name:
Shirt size:	
I can volunteer at: Game 1 (12:30 to 2:15) Game 2 (2	:00 to 4:00)
(The bulk of volunteers are needed during Game 1. Several	volunteers opt to help at both games.)
WARNING: Protective equipment cannot prevent all injuries a player mig	ht receive while participating in baseball.
I, the buddy or parent/guardian of the above-named child registerin approval to participate in any and all Little League activities. I know and protective equipment does not prevent all injuries to players are hold harmless the D6 Challenger League, Bergen County Parks Depa supervisors, participants and persons transporting my child to and findid whether the result of negligence or of any other cause.	that participation in baseball may result in serious injuries ad do hereby waive, release, absolve, indemnify and agree t rtment, Little League Inc., the organizers, sponsors,
Parent/Guardian Signature (if under 18):	
Buddy Signature:	
On occasion, we use photographs of our players and buddles donation letters and requests for volunteers. No identifying you provide consent for your child's image to be used in this	ng information ever accompanies a child's image. If