

CHALLENGER BASEBALL 2010

WHO: ANY SPECIAL NEEDS CHILD WITH AN IEP LIVING IN MAHAONING,COLUMBIANA OR TRUMBULL COUNTIES.

WHAT: LITTLE LEAGUE BASEBALL PLAYED ON A REGULATION SIZE LITTLE LEAGUE FIELD. MANAGERS PITCH AND ALL CHILDREN BAT AND PLAY THE FIELD EACH INNING. PLAYERS ARE ALSO ALLOWED TO TAKE A BUDDY ONTO THE FIELD TO PLAY WITH THEM IF NEEDED.

WHEN: GAMES ARE PLAYED ON SUNDAYS AT 4:00 P.M. AND THURSDAY AT 6:00 P.M. STARTING FIRST WEEK IN JUNE AND ENDING LAST WEEK IN JULY. GAMES LAST APPROXIMATELY 90 MINUTES.

WHERE: BOARDMAN FIELDS OF DREAMS
410 MCCLURG RD
BOARDMAN, OH

THE COST TO PARTICIPATE IS \$20.00 PER PLAYER AND INCLUDES A HAT, SHIRT, BUDDY SHIRT AND A YEAR END BANQUET. ANY QUESTIONS I CAN BE REACHED AT 330-881-7546 OR E-MAIL SAMC0225@AOL.COM

REGISTRATION ENDS MAY 1ST

APPLICATION TO PLAY CHALLENGER BASEBALL 2010

_____ M ___ F ___ BIRTH DATE _____
PLAYER'S NAME _____

_____ CITY _____ STATE _____ ZIP _____
ADDRESS _____

TELEPHONE _____ TEAM NAME _____ 1ST YEAR _____

PLAYER PARTICIPATION INFORMATION

I, the parent/guardian of the named candidate for a position on a Challenger Division Little League team. Hereby give my approval to participate in any and all Challenger Division Little League activities; and I do hereby waive, release, absolve, indemnify and agree to hold harmless the Challenger Division, Boardman Community Baseball, Little League Baseball, Inc., the organizers, sponsors, participants, and persons transporting my child to and from activities, for any claim arising out of injury to my child, whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

PARENT OR GUARDIAN'S SIGNATURE _____ DATE _____

PRINT NAME _____

MAKE CHECK PAYABLE TO BOARDMAN COMMUNITY BASEBALL ... \$20.00 FEE

Registration Received CASH _____ CHECK# _____ DATE _____

PARENT OR GUARDIAN MUST ATTEND PRACTICES AND GAMES WITH PLAYER

Please complete the following information for your child.

Special Needs: _____ Does child use a wheelchair? Y N

Player School: _____ ** PLAYER MUST HAVE AND IEP**

Caps, jerseys, trophies and a year end banquet will be provided by Challenger baseball.

Player uniform size: ALLOW FOR SHRINKAGE !!!!

Hats: Youth 21-5/8" (around head or less _____ Adult 22" (around head) _____

Shirts: Youth: SM. 6-8 _____ MD. 10-12 _____ LRG. 14-16 _____

Adult SM. 34-35 _____ MD. 38p40 _____ LRG. 42-44 _____ XL. 46-52 _____ XXL. 54 _____

BUDDY TEE: Youth :SM MD LRG ADULT: SM MD LG XL XXL

INTERESTED in VOLUNTEERING: Team Pictures _____ Fund-raiser _____ Team Mom _____

Manager _____ Coach _____ Yearbook pictures & advertising _____ Banquet _____

Treasurer _____ Recording Secretary _____

Any person on the field or in the dugout with the players whether during practices or games must complete a volunteer application. This application gives BCB permission to conduct a background check.

REGISTRATION DEADLINE MAY 1, 2010 (to guarantee a uniform)

MAIL TO : JIM COLALUCA, 1666 LYNN AVE, POLAND, OH 44514

PHONE: 330-881-7546