

Rio Vista Little League
and
The Cities of Glendale and Peoria
Present:

CHALLENGER BASEBALL



...a program for individuals with disabilities ages 7-21

Played in a fun, flexible atmosphere, Challenger participants learn the sport of baseball, sportsmanship and teamwork.

PRACTICES BEGIN FEBRUARY 4, 2011

Games run through April 21, 2012

Clarence B. Hayes Park, Peoria

9845 N. 75th Ave

(75th Ave between Peoria and Olive Avenues)

8:30 - 9:30 a.m.—Competitive League

9:30-10:30 a.m.—Instructional League

\$25.00 (for the entire 12 weeks)

****Make check payable to Rio Vista Little League****

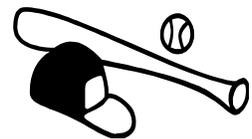
Each player receives a hat and team shirt.

For registration information, contact the

Peoria Adaptive Recreation Program

623-773-7436

Registration Deadline: February 1, 2012



RIO VISTA CHALLENGER LITTLE LEAGUE
REGISTRATION FORM

Date: ____/____/____

Name: _____ Sex: Male Female

Street Address: _____ City: _____ ZIP: _____

Phone Number: _____ Birth Date: _____ Age: _____

Email Address: _____ Grade: _____

Did you play last year? No Yes Level: _____ League: _____

Uniform Information:

Shirt Size _____ Adult/Youth _____ Small/Medium/Large/XLarge _____

Parental Information:

Father's Name: _____ Home Phone: _____

Father's Street Address: _____ City: _____ ZIP: _____

Father's Employer: _____ Work Phone: _____

Mother's Name: _____ Home Phone: _____

Mother's Street Address: _____ City: _____ ZIP: _____

Mother's Employer: _____ Work Phone: _____

I/We, the parent(s)/guardian(s) of the above named minor who is a 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.

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 Glendale Ironwood Little League, Little League Baseball Incorporated, the organizers, sponsors, Supervisors, participants and persons transporting my/our child to and from activities for any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.

I/We do hereby consent to an X-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instruction of _____, M.D./D.O., office number _____, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. I/We further authorize said physician to exercise his/her discretion in authorizing the diagnosis of any severed tissue or member. It is understood that this consent is given in advance of any specific diagnosis or treatment being required but is given to encourage Glendale Ironwood Little League coaches/staff and said physician to exercise the best judgment as to the requirements of such diagnosis or treatment. This consent will remain effective for one year from the date below unless revoked sooner in writing and delivered to said physician or said person entrusted with the custody of said minor.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

League Use Only: Boundaries/Residence
 Birth Certificate
 Tryout

Received by: _____
League Age: _____ Amt Due: _____
Tryout No.: _____ Amt Received: _____