

District 6 Little League Baseball BUDDY Application
Challenger Division 2026
(PLEASE PRINT)

Buddy's Name: _____ Date of Birth: ____/____/____ Age: ____
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 team? If so, please name: _____

Shirt size: _____

I can volunteer at: Game 1 (12:30 to 2:00) ____ 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 might receive while participating in baseball.

I, the buddy or parent/guardian of the above-named child registering to be a buddy on the Little League team, hereby give my approval to participate in any and all Little League activities. I know that participation in baseball 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 D6 Challenger League, Bergen County Parks Department, Little League Inc., the organizers, sponsors, supervisors, participants and persons transporting my child to and from activities from any claim arising out of any injury to my child whether the result of negligence or of any other cause.

Parent/Guardian Signature (if under 18): _____

Buddy Signature: _____

On occasion, we use photographs of our players and buddies on our website or in promotional materials such as donation letters and requests for volunteers. No identifying information ever accompanies a child's image. If you provide consent for your child's image to be used in this manner, please check the following box: ☐