

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

Player's Name: _____ Date of Birth: ____/____/____ Age: ____

Home Address: _____
Please include town and zip code

Home Phone #: _____ Email: _____

Mother's Name: _____ Cell #: _____

Father's Name: _____ Cell #: _____

Emergency Contact Person:

Name: _____ Phone #: _____

Please list your child's disability/ies:

Please check off your child's shirt size:

	Children's sizes		Adult sizes	
	X-Small	Small	Small	X-Large
	Medium	Large	Medium	
	X-Large		Large	

Please indicate the game in which your child will be playing. (If unsure, leave blank and we will let you know!)

Game 1 (12:30 to 2:00) _____ Game 2 (2:00 to 4:00) _____

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in baseball.

I, the parent/guardian of the above-named child, hereby give my approval and permission for this individual 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, Edgewater Little League, Little League Inc., 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 of any other cause.

Parent/Guardian Signature: _____

On occasion, we use photographs of our players and buddies on our website and 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: