



River Cities Area Little League Challenger Division

Challenger 2006 Season One

Attached please find registration information for the River Cities Area Little League, Challenger Division.

- River Cities Area Little League is a non-profit chartered league through Little League International. All rules and regulations are in compliance with Little League International.
- Games will be played Sunday, June 4th, 11th, 18th, and 25th.
- Game times will be announced once we receive all registration forms and we have a better idea of how many players we will field and number of teams playing (To give you some idea for planning, game start times will be between 11:30 and 12:45. (Games last 1 hour).
- Games will be played in Sauk Rapids at the Bob Cross Fields Complex. We will be using the "Lions Little League Field." These fields are located behind Mississippi Heights School in Sauk Rapids right off of hwy 10. More detailed map to follow.
- Challenger Players, play with a "Buddy." Buddies can be a child or adult. A Buddy's role is to assist the Player both offensively and defensively, as little or as much as each individual Player requires. Families and Players can choose their own Buddy or the league can select one for the Player. Once a Buddy is selected the same Buddy will play with the Player for the entire season.
- Players are asked to provide their own glove, all other equipment will be provided
- Map, Schedule and additional information will follow.
- Anyone interested in volunteer opportunities, serving on our league board or planning committee should indicate so on registration form or by contacting us.
- **Registration fees and forms are due by SATURDAY, MAY 20, 2006**
*Note registration forms are a two sided document. Please make sure to complete both sides.

Please feel free to contact Dori or Jim Knapik at (320) 253 – 1955 or DoriKnapik@msn.com if you have any additional questions.



River Cities Area Little League Challenger Division 2006 Registration Form

Please complete one form per player and include a \$22.00 registration fee per player by
Saturday, May 20, 2006

Player Name: _____ Age: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

School: _____

	Father	Mother
Full Name		
Telephone(s)		
E-Mail		

Emergency Contact & Phone: _____

I hereby give permission for the above named child to take part in all activities of the River Cities Area Little League for the current season. I assume all risks and hazards incidental to the conduct of the activities and transportation to and from such. I hereby release, absolve, indemnify and hold harmless River Cities Area Little League Baseball, organizers, sponsors and coaches appointed by them.

Parent/Guardian Signature: _____ Date: _____

Please check appropriate boxes below:

- Player/Family will select their Buddy
- Player/ Family wishes league to select a Buddy for player
*please share with us a little about your child so that we may select an appropriate Buddy and if you have a preference of whether your child's Buddy is an adult or child/peer.

- I wish to be contacted about volunteer opportunities, serving on Little League Board, or planning committee.

Please indicate by circling Player's T-shirt size:

Youth: XS S M L XL
Adult: S M L XL XXL

Please indicate by circling Buddy's T- shirt size if selecting own Buddy:

Youth: XS S M L XL
Adult: S M L XL XXL

Make Checks Payable to River Cities Area Little League and submit form and fee to:

River Cities Area Little League
c/o Dori Knapek
966 60th Ave SE
St. Cloud, MN 56304



Little League Baseball®



Medical Release

NOTE: To be carried by any Regular Season or Tournament Team Manager together with team roster or eligibility affidavit.

Player: _____ Date of Birth: _____

League Name: _____ I.D. Number: _____

Parent or Guardian Authorization:

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: _____ Phone: _____

Address: _____

Hospital Preference: _____

In case of emergency contact:

Name Phone Relationship to Player

Name Phone Relationship to Player

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

This section is only required to be filled out if a Player would not have a parent/guardian or person familiar with their medical needs in attendance at the ball game.

Mr./Mrs./Ms. _____

Authorized Parent/Guardian Signature

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

Little League Baseball does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.