



**Challenger Division Registration**  
**Katy American Little League**  
<http://www.KatyChallengerBaseball.com>

Spring 2010

Player Information

Player's Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Sex: circle one Male / Female  
City, State, Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
School Name: \_\_\_\_\_ School Grade: \_\_\_\_\_

Parent Information

Relationship: _____	Relationship: _____
Full Name: _____	Full Name: _____
Work/Ext.: _____	Work/Ext.: _____
Cell #: _____	Cell #: _____
Fax: _____	Fax: _____
Other: _____	Other: _____
Email: _____	Email: _____

Enter information below ONLY if different from players

Home Phone: _____	Home Phone: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____

IF YOU WISH TO VOLUNTEER, PLEASE SEE THE VOLUNTEER SIGN-UP SHEET ON THE REGISTRATION TABLE

Medical Information

Doctor Name: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_  
Doctor Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
Medical Remarks: \_\_\_\_\_  
\_\_\_\_\_  
Special Requests: \_\_\_\_\_

