

DISTRICT 35
CALIFORNIA
CHALLENGER DIVISION
BUDDY APPLICATION



Name _____ Date _____

Address _____ City _____ Zip _____

Phone _____ Age _____ M/F _____

School _____ Grade _____

Primary emergency contact person _____ Phone _____

Secondary emergency contact person _____ Phone _____

Family Physician/Pediatrician _____ Phone _____

Allergies _____ Date of last Tetanus Booster _____

Medications _____

Is there someone in particular you would like to buddy with? _____
(Player's Name)

Where you a Buddy last year? Yes No

Adult T-shirt Sizes S M L XL XXL

MEDICAL RELEASE FORM
DISTRICT 35 LITTLE LEAGUE
CHALLENGER DIVISION

In case of an emergency, I hereby authorize, _____
(Buddy) (Date of Birth)

to be transported by any manager, coach, parent or persons for the deemed purposes of emergency aid. I also authorize the emergency contact identified above and/or the manager, coaches or parents of team members acting in the capacities of activity supervisors or vehicle drivers to act as my agents for the purpose of providing consent to medical, surgical or dental examination and/or treatment in the event or occurrence of an accident or condition where such examination or treatment is required.

As a parent or guardian, I hereby release and waive, and further agree to indemnify, hold harmless or reimburse the participating medical facility, its individual members, agents, employees and representatives thereof, as well as any members of District 35 Little League or its agents, from and against any claim, which I, any other parent or guardian, any sibling, the player, or any other persons, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses, damages, injuries arising out of, during, or in connection with the player's participation in District 35 Little League Challenger Division or the rendering of emergency/medical procedures or treatment.

Parent/Guardian Signature _____ Date _____