



# Challenger Division



## 2012 League of Champions

### Player Application





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## Player Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Gender: **M / F** Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

School District: \_\_\_\_\_ School Name: \_\_\_\_\_

Shirt Size: YXS YS YM YL YXL AS AM AL AXL AXXL Height: \_\_\_\_\_

Pant Size: YXS YS YM YL YXL AS AM AL AXL AXXL Weight: \_\_\_\_\_

What is your child's disability? \_\_\_\_\_

What level of assistance will your child require with hitting, fielding, staying on field?

**Circle One: Total Assistance Partial Assistance No Assistance**

*(All participants will be assigned a "Buddy" regardless of selection above.)*

Is your child motivated by edible or tangible Reinforcers? If so, what are they?

Has your child played in the Challenger Division: **Yes / No** Season / Year: \_\_\_\_\_

League Name: \_\_\_\_\_

## Parent Information:

### Father

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

#### Contact Info

Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Will you help the League? **Y / N**

Email: \_\_\_\_\_

Will you help your child's team? **Y / N**

### Mother

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

#### Contact Info

Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Will you help the League? **Y / N**

Email: \_\_\_\_\_

Will you help your child's team? **Y / N**

**LOC Coordinator**  
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