

# NEO Challenger Baseball

Broadview Heights, Ohio

March 3, 2025



Greetings!

We are happy to announce that NEO Challenger Baseball is back again for the 2025 season!

This is our 33<sup>rd</sup> year playing with Little League in the Challenger division. We hope to make this year a memorable one!

With our continued partnership with the Broadview Heights Recreation Department, we are still playing at The Fields in Broadview Heights.

Games will begin in May and entry fees will remain at \$40 per child (Cash, Check, Credit/Debit card or Venmo, PayPal). Registration is now open. Forms are available on our Facebook page and website ([neochallenger.info](http://neochallenger.info)). Please mail forms/checks to:

NEO Challenger Baseball  
4802 Westminster Lane  
Broadview Heights, OH 44147

Or Email forms to: [neochallenger@att.net](mailto:neochallenger@att.net) For payment: Paypal or Venmo: [neochallenger@att.net](mailto:neochallenger@att.net)

**The deadline for 2025 registration is TUESDAY, April 15<sup>th</sup> (This and updated date).**

Check on the website, email us anytime at [neochallenger@att.net](mailto:neochallenger@att.net) or find us on Facebook at "Northeast Ohio Challenger Baseball" for updates.

Please review our attached schedule. If there are any changes to the schedule, we will be posting updates on our Facebook page and website.

Welcome returning player and new players as well! Thank you for your past participation, and especially for your patience. We are looking forward to seeing everyone again!

Play ball!

Brian

Email: [neochallenger@att.net](mailto:neochallenger@att.net)

Cell: 440-376-8848

**Required forms:** Player Registration, Medical Form, Cardiac Waiver, Media Waiver

## 2025 Schedule NEO Challenger Baseball

All home games are played in Broadview Heights at The Fields,  
located 8938 Broadview Rd, Broadview Heights, OH 44147

Field 3 for all home games



- |                                      |                                                                          |
|--------------------------------------|--------------------------------------------------------------------------|
| <b>Sunday, May 18 at 4 pm</b>        | - Opening Day – Take me out to the ballgame!                             |
| Sunday, May 25                       | - NO Game – Memorial Day Weekend                                         |
| <b>Sunday, June 1 at 4 pm</b>        | - Game Day – Picture Day – Crazy Socks day!                              |
| <b>Monday, June 9 at 6:30 pm</b>     | - Away Game at East Side Challenger Baseball at Forest Hills             |
| <b>Sunday, June 15 at 4 pm</b>       | - Game Day – Happy Father’s Day! Halloween Game! Wear Costumes           |
| <b>Sunday, June 22 at 4 pm</b>       | - Game Day – Alternate Picture Rain Day – Funny Sunglasses day!          |
| <b>Sunday, June 29 at 7 pm</b>       | - Night Game – East Side Challenger comes to our field – Super Hero Day! |
| <b>Sunday, July 6 at 2 pm</b>        | - All Star Game & End of Year Picnic (more details to come)              |
| <b>Saturday/Sunday, July 12 - 13</b> | - Ohio Tournament Dover Ohio (more details to come)                      |

For The Field status: For Broadview Heights rainout information you can get alerts to your phone:

for the rainout texts- text “challengerbaseball” to 84483

Facebook: “Northeast Ohio Challenge Baseball League”

Brian Wolf President cell: 440-376-8848 email: [neochallenger@att.net](mailto:neochallenger@att.net)

# Shirt Size - Circle one

## Adult: S M L XL XXL XXL

## Youth: S M L XL Little League® Player Registration Form



### Player Information

Player Name: \_\_\_\_\_

Birthdate (mm/xx/yyyy): \_\_\_\_\_

Address: \_\_\_\_\_

Gender: Male ☐ Female ☐

Address 2 (if applicable): \_\_\_\_\_

League Age: \_\_\_\_\_ League Fee: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

My child will tryout for: ☐ Baseball ☐ Softball

### Parent/Guardian Information

#### Parent/Guardian #1

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

Phone: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Volunteer? ☐ Yes ☐ No

If yes, fill out "Volunteer Application"

#### Parent/Guardian #2

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

Phone: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Volunteer? ☐ Yes ☐ No

If yes, fill out "Volunteer Application"

### Medical Information

Emergency contact: \_\_\_\_\_

Insurance carrier: \_\_\_\_\_

Relationship to player: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Policy: \_\_\_\_\_

### Terms and Conditions

- (1) I/We, the parents/guardians of the above-named candidate for a position on a Little League team, hereby give my/our approval to participate in any and all Little League activities, including transportation to and from the activities.
- (2) I/We know that participation in baseball or softball 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 local Little League, Little League Baseball, Incorporated, 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 for any other cause.
- (3) If applicable, I/We agree to return upon request the uniform and other equipment issued to my/our child in as good conditions as when received except for normal wear and tear.
- (4) I/We agree to provide proof of legal residence or school enrollment (as defined by Little League Baseball, Incorporated at [LittleLeague.org/residence](http://LittleLeague.org/residence)) and age. I/We understand that our child (candidate) must be eligible under the residence/school attendance and age regulations of Little League Baseball, Incorporated, to participate in this Local League, and that if any controversy arises regarding residence/school attendance and/or age, the decision of the Little League International Charter Committee in Williamsport, Pennsylvania shall be final and binding. I/We further understand that if any participant on a Little League team does not qualify for participation in the league based on residence (as defined by Little League Baseball, Incorporated) and/or age, such participant and/or team on which he/she participates be found ineligible, and forfeit(s) and/or suspension of Tournament privileges may be decreed by action of the Little League International Charter Committee or Little League International Tournament Committee.
- (5) I/We agree that our child (candidate) may be required to try out for a team. If such does not attend at least 50 percent of the tryouts, local Board-of-Directors' approval is required for such candidate to be placed on a team.
- (6) If applicable, I/We understand that our child (candidate) may be chosen at any time to play on a Major Division team, if he or she is of the correct age for such division as determined by the local league and Little League Baseball. Declining to move up to such Major Division team will result in forfeiture of eligibility for the Major Division for the current season, and may be subject to further restrictions by the local league.
- (7) I/We will furnish a certified birth certificate of the above-named candidate to League Officials.
- (8) I/We understand that my information as the parent or guardian of such above-named candidate is sent by the local league to Little League International each year. Such use of information by Little League International can be found here: [www.LittleLeague.org/privacypolicy](http://www.LittleLeague.org/privacypolicy). You may opt-out of communications from Little League International at any time.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### Internal Use Only:

Birth Certificate: ☐ Yes ☐ No

Medical Release Form ☐ Yes ☐ No

Proof of Residency or ☐ Yes ☐ No

School Enrollment

Waiver Needed? ☐ Yes ☐ No

Level Assigned: \_\_\_\_\_

Team Name: \_\_\_\_\_



# LITTLE LEAGUE® BASEBALL AND SOFTBALL MEDICAL RELEASE



**NOTE:** To be carried by any Regular Season or Tournament Team Manager together with team roster or International Tournament Affidavit.

Player: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender (M/F): \_\_\_\_\_

Parent(s)/Legal Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent(s)/Legal Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Player's Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**PARENT OR LEGAL GUARDIAN AUTHORIZATION:** \_\_\_\_\_ Email: \_\_\_\_\_

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: \_\_\_\_\_ City: \_\_\_\_\_ State/Country: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Parent Insurance Co.: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Group ID#: \_\_\_\_\_

League Insurance Co.: \_\_\_\_\_ Policy No.: \_\_\_\_\_ League/Group ID#: \_\_\_\_\_

**If Parent(s)/Legal Guardian cannot be reached in case of emergency, contact:**

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

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: \_\_\_\_\_

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Mr./Mrs./Ms. \_\_\_\_\_  
Authorized Parent/Legal Guardian Signature Date: \_\_\_\_\_

## FOR LEAGUE USE ONLY:

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

Division: \_\_\_\_\_ Team: \_\_\_\_\_ Date: \_\_\_\_\_

**WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL.**

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

## Sudden Cardiac Arrest and Lindsay's Law Parent/Athlete Signature Form



**What is Lindsay's Law?** Lindsay's Law is about Sudden Cardiac Arrest (SCA) in youth athletes. It covers all athletes 19 years or younger who practice for or compete in athletic activities. Activities may be organized by a school or youth sports organization.

**Which youth athletic activities are included in Lindsay's law?**

- Athletics at all schools in Ohio (public and non-public)
- Any athletic contest or competition sponsored by or associated with a school
- All interscholastic athletics, including all practices, interschool practices and scrimmages
- All youth sports organizations
- All cheerleading and club sports, including noncompetitive cheerleading

**What is SCA?** SCA is when the heart stops beating suddenly and unexpectedly. This cuts off blood flow to the brain and other vital organs. People with SCA will die if not treated immediately. SCA can be caused by 1) a structural issue with the heart, OR 2) an heart electrical problem which controls the heartbeat, OR 3) a situation such as a person who is hit in the chest or a gets a heart infection.

**What is a warning sign for SCA?** If a family member died suddenly before age 50, or a family member has cardiomyopathy, long QT syndrome, Marfan syndrome or other rhythm problems of the heart.

**What symptoms are a warning sign of SCA?** A young athlete may have these things with exercise:

- Chest pain/discomfort
- Unexplained fainting/near fainting or dizziness
- Unexplained tiredness, shortness of breath or difficulty breathing
- Unusually fast or racing heart beats

**What happens if an athlete experiences syncope or fainting before, during or after a practice, scrimmage, or competitive play?** The coach MUST remove the youth athlete from activity immediately. The youth athlete MUST be seen and cleared by a health care provider before returning to activity. This written clearance must be shared with a school or sports official.

**What happens if an athlete experiences any other warning signs of SCA?** The youth athlete should be seen by a health care professional.

**Who can evaluate and clear youth athletes?** A physician (MD or DO), a certified nurse practitioner, a clinical nurse specialist, certified nurse midwife. For school athletes, a physician assistant or licensed athletic trainer may also clear a student. That person may refer the youth to another health care provider for further evaluation.

**What is needed for the youth athlete to return to the activity?** There must be clearance from the health care provider in writing. This must be given to the coach and school or sports official before return to activity.

All youth athletes and their parents/guardians must review information about Sudden Cardiac Arrest, then sign and return this form.

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Parent/Guardian Signature

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Student Signature

-----  
Parent/Guardian Name (Print)

-----  
Student Name (Print)

-----  
Date

-----  
Date

## Sample Form Release and Waiver (formerly Model Release)

I \_\_\_\_\_ ,  
(Name)

of \_\_\_\_\_ ,  
(Address)

hereby give permission to Northeast Ohio Challenger Baseball, to use photographs, voice recordings, or video taken of me during the games and events associated with Local League in any manner to help promote the league activities as determined in the sole discretion of the Local League. Such use could include publications, media releases, announcements, electronic or otherwise, and on league websites or social media pages. I understand that neither I nor my child/ward will receive any compensation if such image appears in any of the manners listed above or any other manner that the league deems appropriate. I agree that such image is the property of Local League.

\_\_\_\_\_  
(Signature) (Date)

(If the above is a minor, the section below must be completed by a parent or guardian)

I \_\_\_\_\_ ,  
(Name)

of \_\_\_\_\_ ,  
(Address)

the ☐ parent ☐ guardian of the above listed minor, hereby give my permission to  
(check one)

Northeast Ohio Challenger Baseball, to use photographs, voice recordings, or video taken of the above listed minor during the games and events associated with Local League in any manner to help promote the league activities as determined in the sole discretion of the Local League. Such use could include publications, media releases, public announcements, electronic or otherwise, and on league websites or social media pages. I agree that neither I, nor the above listed minor, will receive any compensation if such image appears in any of the manners listed above or other manner that the league deems appropriate. I agree that such image is the property of Local League.

\_\_\_\_\_  
(Signature) (Date)