



Registration for the 2025 season opens 1/1/25

Visit our website (WWW.HJBSL.COM or use the QR code in the bottom right corner) to access the link to the online registration host! Once there, login to your existing account or create a free account with your email address. You are able to pay cash, check (made payable to HJBSL) or CREDIT CARD with online registration.

Ages 6yo-21yo

(at sign-up)

Players will be grandfathered in and can play for as many years as they would like

REGISTRATION INCLUDES...

- 3 Indoor practice clinics
- 12 Games
- An opening ceremony
- Halloween, Christmas, bowling and pool parties
- Pizza and Gatorade at each game
- Team shirt with player's name on the back
- Team baseball cap
- Professional team picture and individual action shots

\$50 registration fee and \$25 for each additional sibling

Attached is the 2025 calendar of events and registration forms for both players and buddies!

If you have any questions please call

(716)-649-6170

or email

Sadie Cornelius:

scornelius@villagehamburg.com

Mike O'Donnell:

ogalaxyman@verizon.net



Register by MARCH 31st to ensure your player's name is on their shirt!

200 Prospect Ave. Hamburg NY 14075



PLAYER

2025 REGISTRATION FORM

Kyle Reid Memorial Challenger Baseball League

The mission of the Kyle Reid Memorial Challenger League is to offer a baseball program to individuals with physical and mental disabilities in an inclusive setting. We are a not for profit organization. We receive support from the Kyle Reid Foundation and Hamburg Junior Baseball & Softball League.

PLEASE PRINT !!!

Name: _____ Date of birth _____

Address: _____

Phone _____ E-mail _____

Parents' names _____

Parents' phone numbers _____

Player's shirt size (please check one)

Child's sizes

Adult sizes

S _____

M _____

L _____

S _____

M _____

L _____

XL _____

XXL _____

Name you would like on the player's shirt _____

PLEASE RETURN TO - Hamburg Junior Baseball & Softball League
Village of Hamburg Recreation Department
200 Prospect Ave Hamburg, NY 14075



MUST include \$50.00 fee (\$25 for each add'l child)

Challenger Baseball Medical Release

Player Name: _____ Date of Birth _____

Date of last Tetanus Booster _____

In case of emergency, if a family physician cannot be reached, I hereby authorize my son or daughter to be treated by Certified Emergency Personnel. (EMT, First Response, E.R).

Family Physician: _____ Phone: _____

In case of an Emergency contact:

Name _____ Phone: _____ Relationship _____

Please list any allergies/medical problems/medications.

Individuals with Down Syndrome:

My Son/Daughter has had a C-Spine X-Ray and is cleared to play Challenger Baseball:

YES

NO

- If you checked "NO" ... A doctor's note must be provided for your child to participate.

HJBSL / Challenger League Disclaimer

I, the parent/legal guardian of the above candidate for participation in the Hamburg Junior Baseball and Softball League / Challenger League, hereby give my permission, to participate in any and all Hamburg Junior Baseball and Softball League / Challenger League activities, including transportation to and from activities.

I know that participation in baseball, softball, or t ball activities may result in serious injury or death and protective equipment does not prevent all injuries to players and spectators. I do hereby waive, release, absolve, indemnify and agree to hold harmless the Hamburg Junior Baseball and Softball League / Challenger League, its successors and assigns, other league affiliations, the organizers, sponsors, supervisors, managers, coaches, participants and persons transporting my son/daughter to and from activities, for any and all claims arising out of an injury to my son/daughter, whether the result of negligence or any other cause.

I give permission for photos of my son/daughter to be used for informational and promotional publicity.

Parent/Guardian Signature: _____ Date: _____

BUDDY

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PLEASE PRINT !!!!

Name: _____

Address: _____

Phone _____ E-mail _____

Comments: _____

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