Dear Parent:

The Danville Chapter of AMBUCS will be sponsoring a baseball league this summer for children with disabilities. The Challenger Baseball League provides the full benefits of little league participation in an athletic environment structured to the needs of children with disabilities. The Challenger Division utilizes the same equipment, uniforms and playing fields as other little league teams. Players either hit from a tee or swing at a pitched ball. Challenger rules provide for a buddy system. Players team up with a volunteer who provides help where needed during the game. Ultimately the children participating in the Challenger Baseball League get to experience the joy of teamwork, the thrill of the crowd cheering him or her towards home plate and the pride that comes from earning awards for a job well done.

Children with a disability aged 5-21 who cannot safely or successfully participate in the traditional little league program are eligible to participate.

Games are scheduled for June 3, 10, 17, and 24. These games will be played at Winter Park / AMBUCS Playground for Everyone in Danville. Parents are responsible for transportation for their child. There will be a minimal fee of \$10 per child to participate. This charge helps pay for the cost of the uniform shirts and hats. Scholarships are available upon request. If you have any questions please contact Challenger Baseball League Chairman, Lori Lyons at 217-898-5753 or challengerbaseball@danvilleambucs.com.

Please return the bottom portion with your \$10 fee or scholarship request by April 1, 2017 if you are interested in your child playing in the AMBUC CHALLENGER BASEBALL LEAUGE. MAIL TO: Lori Lyons 1957 County Road 1700 N **Urbana, IL 61802** CHILD'S NAME_____ CITY______ ZIP_____ PHONE_____ BIRTH DATE SCHOOL SCHOOL YOUTH S CHILD'S SHIRT SIZE (circle one) M L ADULT S M L XL XXL XXXL NAME OF PARENT OR GUARDIAN EMAIL ADDRESS SPECIAL NEEDS AND/OR DISABILITY OF THE CHILD (autism, developmental delay, emotional disability, intellectual disability, multiple disabilities, orthopedic impairment, other health impairment, visual impairment). Also please indicate if your child uses a walker or wheelchair._____ SCHOLARSHIP REQUEST \$10 FEE ENCLOSED ***MEDIA RELEASE I give consent for my child to be photographed and/or videotaped by the media. I give permission for this material to be printed, published, and/or posted for publications, advertising purposes and television. Parent/Guardian Signature Date