Miracle League of Blair County

PLAYER REGISTRATION FORM

For additional information please email: blairmiracleleague@hotmail.com, or visit the website: www.pamiracleleague.com

Player Name _____ Today's Date _____ Home Phone _____ Cell Phone _____

Street Address _____ City _____ County _____ State _____ Zip Code _____

Emergency Contact & Phone Number _____

M/F _____ Birth Date: _____ Age: _____ School: _____

Player fee is $35 per family which includes jersey, cap, and equipment. *Financial aid is available – you must email.*

Player Information:

Social service agency associated with *(if any)****:*** _____

Diagnosis: _____

Primary Care Physician AND Phone Number: _____

Special Needs or Requirements: _____

Wheelchair: _____ *Walker:* _____ *Other:* _____

Shirt Size: **Youth**: S M L XL **Adult**: S M L XL XXL (please circle one)

I give authorization for my child, or agree to participate in the Miracle League of Blair County. Participation in baseball may result in serious injuries and protective equipment does not prevent all injuries. I do hereby waive, release, absolve, indemnify, and agree to hold harmless the Miracle League of Blair County and their organizers, sponsors, agents, insurers, supervisors, participants, and volunteers from any claim rising out of any injury to my/our child or myself whether the result of negligence or for any other cause.

I hereby grant the Miracle League of Blair County, its affiliates, franchises, advertising and promotional agencies, and their agents, the irrevocable, unrestricted right to use, publish, display and distribute materials bearing my name, voice, likeness or any other identifiable representation of myself and my family members including my Miracle League player/child/buddy. These materials may appear in any form, style, color or medium whatsoever (including, without limitation, photographs, video tapes, films, sound recordings, software, drawings, prints, broadcast, internet, and electronic media). I agree that all material containing any identifiable representation of me (including, without limitation, all negatives, plates and masters of any photographs, files, prints or tapes) shall be and remain the sole and exclusive property of the Miracle League of Blair County. I hereby release and forever discharge the Miracle League of Blair County from any and all liability and damages relating to the use of my name, voice, likeness or any other identifiable representation of me. I hereby waive any right I may have to inspect or approve the finished materials or any part or element thereof that incorporate my name, voice, likeness or any other identifiable representation of myself and my family including my Miracle League player/child. This agreement is all inclusive.

I acknowledge that I have fully read and understand this document and that I have had any questions regarding its effect or the meaning of its terms answered to my satisfaction. I certify that I am at least 18 years of age, unless this document is also signed by my parent or legal guardian.

Printed Name _____ Signature (**if 18 or older)** _____

Signature of Parent or Guardian (**if under 18**) _____

Name of Parent or Guardian (please print) _____

* For Office Use Only: Team _____

Please Mail Completed Form To:
Miracle League of Blair County
P.O. Box 1091
Altoona, PA 16603