

# Miracle League of Blair County

## BUDDY REGISTRATION FORM

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

Name	Today's Date	Home Phone	Cell Phone	
Street Address	City	County	State	Zip Code
email address	Emergency Contact & Phone Number			
M/F _____	Birth Date: _____	Age: _____	School: _____	

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

(Birth date needed for criminal background check.)

Have you lived outside of Pennsylvania at any time in the last 10 years? Yes/No \_\_\_\_\_

***A criminal background check will be performed on all volunteers 18 or over.***

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 to players/buddies, and 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 assigned \_\_\_\_\_

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