



The Miracle League of East Alabama
Spring 2012 REGISTRATON
 Registration Deadline: March 10, 2012



For additional information please call: **334-749-1721 or 334-749-3277**

Players Name _____ Home Phone _____

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

Parent / Guardian _____ e-mail _____ Work or Contact Number _____

M/F _____ Birthday _____ Age _____ School (if applicable) _____

Diagnosis *** Please see reverse side*** _____

Special Needs or Requirements _____

Wheelchair _____ Walker _____ Other _____

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

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I am interested in my child/dependent playing the Miracle League baseball games and hereby give authorization for my child/dependent, _____, to participate in The Miracle League of East Alabama and hereby release said league, the Opelika Parks and Recreation Board, the City of Opelika, and any affiliates of any liability for injury that may occur while participating as a player or spectator during the season.

I agree by my signature that the **medical information** contained in this registration form is for the sole use of The Miracle League of East Alabama to organize the teams and respond to emergency situations. **The League will not release the information except in a medical emergency of the player.**

Signature of Parent or Guardian

I hereby grant the Miracle League of East Alabama , 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, my family members including my Miracle League player/child. 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. **I hereby** release and forever discharge the Miracle League 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 there of that incorporates my name, voice, likeness or any other identifiable representation of myself, my family including my Miracle League player/child .**I have agreed** to the above in consideration of the opportunity given to me by The Miracle League of East Alabama to appear in these materials. 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.

Every child deserves the chance to play baseball.

Name _____ Signature _____

Signature of Parent or Guardian _____ Minor's D/O/B _____

Name of Parent or Guardian (please print) _____

WE PLAY ON SATURDAYS THIS YEAR!!

