

# Miracle League of Macon - SPRING 2016 REGISTRATION

**Please return completed form to:**

**Miracle League of Macon**

**PO Box 26816**

**Macon, GA 31221**

Visit us at [www.mlmacon.org](http://www.mlmacon.org)

All games are played at West Macon LL.

\* **I'm interested in Coaching** \_\_\_\_\_

\* **I'm interested in Sponsorship** \_\_\_\_\_

For more information please call: 478-731-3215

**DEADLINE: 2-15-16**      **AGES 5 to 20**

Player's Name \_\_\_\_\_

**Non-Competitive or Competitive Division** (Choose one)

Street Address \_\_\_\_\_

City \_\_\_\_\_

County \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Parent / Guardian \_\_\_\_\_

e-mail \_\_\_\_\_

Phone, Cell, or Work Number \_\_\_\_\_

M/F \_\_\_\_\_

Birthday \_\_\_\_\_

Age \_\_\_\_\_

School \_\_\_\_\_

Diagnosis \_\_\_\_\_

Special Needs or Requirements \_\_\_\_\_

Wheelchair \_\_\_\_\_

Walker \_\_\_\_\_

Other \_\_\_\_\_

**Player's Shirt Size (Pick a Youth or Adult size for your child and circle it)**

**Youth: S M L** \_\_\_\_\_

**Adult: S M L XL XXL** \_\_\_\_\_

Is the player insured? \_\_\_\_\_ Name of Insurance Company \_\_\_\_\_ Signature \_\_\_\_\_

I give authorization for my child \_\_\_\_\_ to participate in The Macon Miracle League, and hereby release any liability for injury that may occur while participating as a player or spectator during the season.

**I hereby** grant Miracle League of Macon, 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 of Macon. **I hereby** release and forever discharge the Miracle League of Macon 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 Miracle League of Macon 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 my parent or legal guardian also signs this document.

Name \_\_\_\_\_

Signature \_\_\_\_\_

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

Name of Parent or Guardian (please print) \_\_\_\_\_

**NOTE: REGISTRATION FEES HAVE BEEN WAIVED. FORMS CAN ALSO BE FAXED TO 478-788-4108 OR EMAILED TO [danielmorton39@gmail.com](mailto:danielmorton39@gmail.com)**