

Miracle League of Macon - SPRING 2018 REGISTRATION

Please return completed form to:

Miracle League of Macon

PO Box 26816

Macon, GA 31221

Visit us at www.mlmacon.org

All games are played at West Macon Park

* **I'm interested in Coaching** _____

* **I'm interested in Sponsorship** _____

For more information please call: 478-731-3215

DEADLINE: 2-4-18 **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 _____

Home, 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)

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