



Date: \_\_\_\_\_

**MIRACLE LEAGUE OF LAKE COUNTY  
PLAYER REGISTRATION RELEASE FORM**

***Fee is \$25. Please make check payable to Miracle League of Lake County***

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

\_\_\_\_\_  
Parent or Guardian Name

\_\_\_\_\_  
Player's Address

\_\_\_\_\_  
City, State Zip

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Player's Home Phone

**Do you give Miracle League permission to text you about emergency cancelations and upcoming events? Yes/ No**

\_\_\_\_\_  
Age Birth Date Male/Female

\_\_\_\_\_  
School, Program or Work Player attends

Email Address: \_\_\_\_\_

**Please print clearly**

Child's Disability/Types of Assistance Needed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Circle equipment utilized by player: Wheelchair Walker Stroller Crutches AFO's Service Dog Other: \_\_\_\_\_

Is your child scared of dogs? \_\_\_\_\_

1.) Player is in need of Buddy \_\_\_\_yes \_\_\_\_no

2.) If you have a family member that will be Buddy-Please list family member name and have them fill out volunteer form with note stating who they are buddy for otherwise they will be assigned a buddy

Name of family member: \_\_\_\_\_

**Played last season Team: \_\_\_\_\_ Number on Jersey: \_\_\_\_\_**

**(Circle player uniform shirt size)** Youth: S M L XL

Adult: S M L XL XXL

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

\_\_\_\_\_  
Parent/Guardian Printed Name



**MIRACLE LEAGUE OF LAKE COUNTY**  
**PLAYER REGISTRATION RELEASE FORM**

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

In consideration for the Miracle League of Lake County providing the opportunity for my child to participate in Miracle League baseball, the undersigned does hereby release and agree to indemnify and hold harmless the Miracle League of Findlay, and each of the officers, directors, members, managers, employees, donors, volunteers, agents, successors, assigns and representatives, from any and all claims for personal injury, death, property damage, or any type of claim or damage (including but not limited to attorney's fees or litigation expenses) resulting from my child's activities in connection with participation in Miracle League Baseball or the participation of any family member or guest of the undersigned.

I assume all risks and hazards incidental to such participation in Miracle League games and activities. I/We agree to be present at all games and activities so that I/We can manage our child's specific needs. I agree to be solely responsible for my child.

Date Signed: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_  
\_\_\_\_\_

**I hereby** grant the Miracle League of Lake 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, 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 Lake County 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.

Parent / Guardian Signature: \_\_\_\_\_  
\_\_\_\_\_

***Complete this and the release form and bio form***  
***Mail two pages and check to:***

**Miracle League of Lake County**

