



Volunteer Registration Form

CONTACT INFORMATION			
Volunteer Name			
Parent/Guardian Name			
Street Address			
City State Zip			
Volunteer Email			
Parent/Guardian Email			
Home Phone		Volunteer Cell	
Receive Text Notices	<input type="checkbox"/> Yes <input type="checkbox"/> No	Parent Cell	
How did you hear about us?			

VOLUNTEER INFORMATION					
Age		Date of Birth	/ /	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Preferred Volunteer Activities	<input type="checkbox"/> Set up games and events <input type="checkbox"/> Clean up after games and events <input type="checkbox"/> Greeter <input type="checkbox"/> Grilling and on-site food preparation <input type="checkbox"/> Serve food/beverages/refreshments <input type="checkbox"/> Staff concession stand <input type="checkbox"/> Administrative assistance <input type="checkbox"/> Whatever you need!				
Other Volunteer Activities					
Unique Skills & Talents to Contribute					
Volunteer with a Friend <i>Enter their name and have them enter your name on their form.</i>					
Shirt Size	YOUTH <input type="checkbox"/> Small (S) <input type="checkbox"/> Medium (M) <input type="checkbox"/> Large (L) <input type="checkbox"/> Extra Large (XL) ADULT <input type="checkbox"/> Small (S) <input type="checkbox"/> Medium (M) <input type="checkbox"/> Large (L) <input type="checkbox"/> Extra Large (XL) <input type="checkbox"/> Extra Extra Large (XXL)				

Turn page over ↗



Release Form

- (1) I hereby authorize the volunteer named in this document to participate in The Miracle League of Lake County. The undersigned does hereby release and agree to indemnify and hold harmless The Miracle League of Lake County, 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.
- (2) 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 athlete/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 thereof that incorporates my name, voice, likeness or any other identifiable representation of myself or my family including my Miracle League athlete/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 understood 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; otherwise this document is signed by my parent/guardian.

Print Name _____
Print volunteer name if 18 or over; otherwise print parent/guardian name

Signature _____
Volunteer signature if 18 or over; otherwise parent/guardian signature

Date Signed _____