



Athlete Registration Form

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

| ATHLETE INFORMATION | | | | | |
|---|---|---------------|-----|--------|---|
| Age | | Date of Birth | / / | Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| School Work Program | | | | | |
| Physical and Mental Disabilities | <input type="checkbox"/> Autism <input type="checkbox"/> Down Syndrome <input type="checkbox"/> Anxiety <input type="checkbox"/> Other mental/emotional disability <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Other physical disability <input type="checkbox"/> None of the above | | | | |
| Describe Disabilities and Assistance Needed | | | | | |
| Equipment Utilized | <input type="checkbox"/> Wheelchair <input type="checkbox"/> Walker <input type="checkbox"/> Stroller <input type="checkbox"/> Crutches <input type="checkbox"/> AFOs <input type="checkbox"/> Service Animal <input type="checkbox"/> Other (Describe): | | | | |
| Afraid of Dogs? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

| BUDDY | | |
|--|------|--|
| <p>All athletes are paired with a "buddy" to help them play, gain confidence, and enjoy their special day. Let us know how you would like us to assign a buddy to your athlete. If a friend/family member will be your athlete's buddy, please have them complete and submit a Buddy Registration form, and ask them to list your athlete on their form so they are not assigned to another athlete.</p> | | |
| <input type="checkbox"/> Assign a buddy from your pool of volunteers that is compatible with my athlete | | |
| <input type="checkbox"/> A friend/family member will be my athlete's buddy | Name | |

| TEAM INFORMATION | |
|------------------|---|
| Athlete Status | <input type="checkbox"/> New Athlete <input type="checkbox"/> Returning Athlete Previous Season Team Name: |
| 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) |



Release Form

- (1) 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 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.

Print Parent/Guardian Name _____

Parent/Guardian Signature _____

Date Signed _____

**Complete your registration by submitting the \$25 fee via check or PayPal.
Follow the instructions at www.MiracleLeagueofLakeCounty.org/Join/Athletes.**