



Buddy Registration Form

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

BUDDY INFORMATION				
Age		Date of Birth	/ /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Physical and Mental Disabilities Can Work With	<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			
Other Disabilities Can Work With				
Medical Training or Experience	<input type="checkbox"/> CPR Certified <input type="checkbox"/> EMT Paramedic <input type="checkbox"/> None <input type="checkbox"/> Other (Describe):			
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)			

ATHLETE ASSIGNMENT		
<p>All buddies are paired with a specific athlete to help them play, gain confidence, and enjoy their special day. Let us know how you would like us to assign you to an athlete. If you want to be a buddy for a friend/family member, ask your athlete to enter your name on their registration form as their preferred buddy.</p>		
<input type="checkbox"/> Assign me to the athlete that will benefit the most from my skills and experience		
<input type="checkbox"/> Assign me to a specific friend/family member	Name	
Group/Friend Names to Volunteer With		



Buddy Responsibilities & Release Form

BUDDY RESPONSIBILITIES

I agree that as a buddy, my job is to support the mission and purposes of The Miracle League of Lake County. I will respond appropriately to any situation and be flexible when working with Miracle League athletes. Parents/guardians completing this form agree to share these responsibilities with their buddy.

- Arrive at the field 15 minutes before game time.
- Focus on your athlete at all times. No phone usage is permitted during the game.
- Protect your athlete at all times.
- Assist your athlete by holding their hand, pushing their wheelchair, leading them in a power chair, or taking other actions that allow them to fully experience the game.
- Always allow your athlete the freedom to play his/her own game as much as possible.
- Help your athlete get the ball and direct them where to throw it.
- Help your athlete get a hit, circle the bases, and score a run each inning.
- Give your athlete lots of encouragement, clapping, and cheering.
- Ensure that the athlete has FUN!

RELEASE

- (1) I hereby authorize the buddy 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 buddy name if 18 or over; otherwise print parent/guardian name

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

Date Signed _____