

Miracle League For Highlands County

2018 REGISTRATON

www.ml4hc.com

Interested in volunteering _____
Interested in coaching _____

Additional information please call: 863-451-6831
Emails: ml4hcbb@gmail.com

Players Name Main contact number

Street Address City County State Zip Code

Parent / Guardian e-mail

Contact Numbers: _____
Cell Home Work

M/F: _____ DOB: _____ Age: _____ School: _____

Diagnosis: _____ Special Needs or Requirements: _____

Check all equipment player uses: Wheelchair _____ Walker _____ Gait-trainer _____ Other _____

Players

I give authorization for my child or myself _____ to participate in The Miracle League For Highlands County, and do hereby release of any liability for injury that may occur while participating as a player or spectator during the season.

Shirt Size Youth S M L XL _____ Or Adult: S M L XL XXL (please circle one)

Pant Size Youth S M L XL _____ Or Adult: S M L XL XXL (please circle one)

I hereby grant the Miracle League For Highlands 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 For Highlands 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.

Athlete Name: _____ Athlete Signature: _____

Signature of Parent or Guardian: _____

Name of Parent or Guardian (please print): _____

Allergies/Health Concerns/Fears/Phobia: _____

Return completed form to:

Miracle League For Highlands County
P.O. Box 671
Lake Placid, FL 33862

www.ml4hc.com

We are a 501(c3) Florida Non-Profit Corporation

The school is neither endorsing nor sponsoring this event nor approving or endorsing the views of the organization sponsoring the event. The school does not require you to attend or participate in this event.