

**Miracle League For Highlands County**  
**2018 LITTLE SLUGGER REGISTRATON**

[www.ml4hc.com](http://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**

**Please write in T-Shirt Size:** \_\_\_\_\_

**Please write in Short Size:** \_\_\_\_\_

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.

**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:** \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_

**Name of Parent or Guardian (please print):** \_\_\_\_\_

**Allergies/Health Concerns/Fears/Phobias** \_\_\_\_\_

[Return completed form to:](#)

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

[www.ml4hc.com](http://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.