



Miracle League of Massachusetts FALL 2011 REGISTRATON

For additional information please call: 978-263-3043

DEADLINE: August 5, 2011

FEES: Free

* Interested in Volunteering _____

* Interested in Sponsorship _____

Players Name

Home Phone

Street Address

City

State

Zip Code

Parent / Guardian

e-mail

Cell Number

M/F

Birthdate

Age

School

Players Shirt Size: Youth S M L XL Adult S M L XL XXL or Don't need new one (please circle one)

Cap size:

Youth

Adult

Don't need new one

(please circle one)

Diagnosis

Wheelchair

Walker

Other

Special Requirements or Needs

Anything else we need to know about your child

Where did you hear about us?

PLEASE SIGN THE FOLLOWING RELEASE FORMS

Miracle League of Massachusetts Release and Indemnification Agreement

Name of participant: _____

We, the undersigned, are the parents or guardians or conservator of the above named participant. In consideration for the Miracle League of Massachusetts ("Miracle League") providing the opportunity for our child to participate in Miracle League baseball, we hereby release Miracle League from any and all claims, damage, or injury that we may suffer as a result of our dependent's participation in Miracle League baseball. In addition, we hereby agree to indemnify, defend and hold Miracle League and its officers, directors, volunteers, agents, contractors, supporters, or any other person associated with Miracle League harmless from any and all claims for loss, damage (including attorney's fees and costs, including, but not limited to experts and consultants' fees), liability, death or injury to the person or property arising from or related to our dependent's participation in Miracle League baseball, including, but not limited to, claims by our dependent against Miracle League.

We assume all risks and hazards involved in, or incidental to, our dependent's participation in Miracle League games and activities and hereby consent to having our dependent receive first-aid and/or emergency care by a qualified Emergency Medical Technician or physician in the event that our dependent suffers any injury during Miracle League games or activities.

We agree to provide all pertinent medical information to the Miracle League and to assist Miracle League so that adequate precautions can be made and so that appropriate care can be provided to our child during Miracle League games and activities. We agree to have all of our dependent's necessary medication on hand during all Miracle League activities and to be solely responsible for administering any such medication to our dependent.

We agree that at least one parent or guardian will be physically present at all times during Miracle League games and activities.

Dated: _____ Parents/Guardian or Conservator Signatures: _____

Miracle League of Massachusetts Media Release Agreement

I hereby grant the Miracle League of Massachusetts, 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 and 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 or my dependent (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 of Massachusetts. **I hereby** release and forever discharge the Miracle League from any and all liability and damages relating to the use of my dependent's name, voice, likeness or any other identifiable representation of me. **I have agreed** to the above in consideration of the opportunity given to my dependent by The Miracle League of Massachusetts to appear in these materials. I certify that I am at least 18 years of age.

Dated: _____ Parents/Guardian or Conservator Signatures: _____

Mail completed registration form to:

***Miracle League of Massachusetts
P.O. Box 524
Acton, MA 01720***