



Miracle League of Massachusetts
FALL 2010 REGISTRATON

- * Interested in Volunteering _____
- * Interested in Coaching _____
- * Interested in Sponsorship _____

For additional information please call: 978-263-3043
DEADLINE: August 13, 2010
FEES: Free

Players Name _____ Home Phone _____

Street Address _____ City _____ State _____ Zip Code _____

Parent / Guardian _____ e-mail _____ Cell Number _____

M/F _____ Birthdate _____ Age _____ School _____

Diagnosis _____ *** Please see second page

Special Needs or Requirements _____

Wheelchair _____ Walker _____ Other _____

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)

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

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, 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 of Massachusetts 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.

Name _____ Signature _____

Signature of Parent or Guardian _____ Minor's D/O/B _____

Name of Parent or Guardian (please print) _____

Diagnosis

Current Prescription and Medications

Allergies

Anything else we need to know about your child

Primary Care / Physician and Phone Number:

Where you heard about us:

Mail registration form to:

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