



The Miracle League of Central Illinois  
2017 Registration

For information please call: 309-205-8526  
**DEADLINE: March 10, 2017**  
**FEES: \$50.00**

\_\_\_\_\_  
Players Name

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

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\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
County

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

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\_\_\_\_\_  
Parent / Guardian

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Work or Contact Number

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\_\_\_\_\_  
Emergency Contact #1

\_\_\_\_\_  
Emergency Phone Number

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\_\_\_\_\_  
Emergency Contact #2

\_\_\_\_\_  
Emergency Phone Number #2

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M/F \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Wheelchair \_\_\_\_\_ Walker \_\_\_\_\_ Other \_\_\_\_\_

Shirt Size: Youth: S M L XL Adult: S M L XL XXL \_\_\_\_\_

\_\_\_\_ Senior League \_\_\_\_ Junior League

\_\_\_\_\_  
Player's name as it should to appear on jersey

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

**I hereby** grant the Miracle League of Central Illinois, 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 Central Illinois 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.

**IF FINANCIAL ASSISTANCE IS NEEDED PLEASE MARK THIS BOX**  
**Every person deserves the chance to play baseball.**

Player's Name \_\_\_\_\_ Signature \_\_\_\_\_

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

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

Diagnosis

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Current Prescription and Medications

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Allergies

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Primary Care / Physician and Phone Number:

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What would you like us to know about your player:

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Player's favorite song(s):

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Additional Comments:

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**Please make checks or money orders payable to  
The Miracle League  
Mail check and registration form to:  
421 Kays Drive  
Normal, IL 61761**

**Contact Information:**

**(309) 205-8526**

**[ask@miracleleagueci.com](mailto:ask@miracleleagueci.com)**