



The Miracle League of Central Illinois
2018 Registration

For information please call: 309-275-5956
DEADLINE: March 30, 2018
FEES: \$50.00
*Interested in Sponsorship__

Players Name _____ Home Phone _____ Cell Phone _____
Street Address _____ City _____ County _____ State _____ Zip Code _____
Parent / Guardian _____ E-mail _____ Work or Contact Number _____
Emergency Contact _____ Emergency Phone Number _____
M/F _____ Birthday _____ Age _____ School _____
Diagnosis/Special Needs or Requirement *** Please see reverse side
Wheelchair _____ Walker _____ Other _____
Shirt Size: Youth: S M L XL Adult: S M L XL XXL _____
Player's name as it should to appear on jersey
____ Senior League ____ Junior League _____
Comments (additional space on reverse side)

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

Current Prescription and Medications

Allergies

Primary Care / Physician and Phone Number:

What would you like us to know about your player:

Player's favorite song(s):

Additional Comments:

**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) 275-5956

ask@miracleleagueci.com