



The Miracle League of Central Illinois
2019 Registration

For information please call: 309-275-5956
DEADLINE: April 26, 2019
FEES: \$50.00

Players Name

Home Phone

Cell Phone

Street Address

City

County

State

Zip Code

Parent / Guardian

E-mail

Work or Contact Number

Emergency Contact #1

Emergency Phone Number

Emergency Contact #2

Emergency Phone Number #2

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

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
t1patkunas@gmail.com**