



## Miracle League of Central Illinois Volunteer Form

\_\_\_\_\_  
Volunteer's Name

\_\_\_\_\_  
Volunteer's Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

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

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

\_\_\_\_\_  
Email Address

Shirt Size: Circle One

Youth:    Medium    Large

Adult: Small    Medium    Large    XL    XXL

I am interested in being a:

\_\_\_\_ Coach    \_\_\_\_ Buddy    \_\_\_\_ Team Mom    \_\_\_\_ Volunteer

I have \_\_\_\_ years with:

\_\_\_\_ Youth Sports    \_\_\_\_ Baseball    \_\_\_\_ People with Disabilities

Other Special Qualifications or Certification:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

Please complete the following forms:

- Volunteer Form
- Applicable Volunteer Release Form

Mail or Fax to:

**Miracle League of Central Illinois, 421 Kays Drive, Normal, IL 61761**  
**Phone: 309-451-4500 / Fax: 309-888-4714 / [www.miracleleagueci.com](http://www.miracleleagueci.com)**



## **Volunteer Release Form For Volunteer Under the Age of 18 Years**

Volunteer's Name: \_\_\_\_\_

In consideration for the Miracle League of Central Illinois providing the opportunity for my child to participate in Miracle League baseball, the undersigned does hereby release and agree to indemnify and hold harmless the Miracle League of Central Illinois, City of Normal and each of their officers, directors, members, managers, employees, donors, volunteers, agents, successors, assigns and representatives, from any and all claims for personal injury, death, property damage or any type of claim or damage (including but not limited to attorney's fees or litigation expenses) resulting from my child's activities in connection with participation in Miracle League Baseball or the participation of any family member of guest of the undersigned.

I assume all risks and hazards incidental to such participation in Miracle League games and activities and consent for my child to receive first-aid and/or emergency care by a qualified Emergency Medical Technician or physician or other person qualified to render medical assistance in the event my child suffers an injury during sanctioned games and activities.

Date Signed: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

I understand that there will be media and promotional coverage of the Miracle League of Central Illinois games and activities and I give my consent to publish my/our child's name and picture for such purposes.

Parent/Guardian Signature: \_\_\_\_\_