

Miracle League of Northwest Ohio
Spring/Fall 20__ REGISTRATON

Please make checks or money orders payable to:
mail check and form to:

Miracle League of Northwest Ohio
2173 CR 139 McComb, OH 45858

For additional information please call: 419-306-4035

FEES: \$25.00

Label applies to line above

Player Name _____		Home Phone _____		
Street Address _____	City _____	County _____	State _____	Zip Code _____
Parent / Guardian _____	e-mail _____		Work or Contact Number _____	
M/F _____	Birthday _____	Age _____	School _____	
Diagnosis _____				
Special Needs or Requirements _____				
Wheelchair _____	Walker _____	Other _____		
Players Shirt Size _____	Youth S M L XL _____	Adult: S M L XL XXL XXXL (please circle one)		

I give authorization for my child _____ to participate in The Miracle League of Northwest Ohio, and do hereby released 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 Northwest Ohio, 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 Association. **I hereby** release and forever discharge the Miracle League Association 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 Northwest Ohio 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.

Player Name (print) _____ Signature (if able) _____

Name of Parent or Guardian (print) _____

Signature of Parent or Guardian _____ Date _____

Emergency Medical Authorization The Miracle League of Northwest Ohio

Player's Name _____

Address _____

Phone _____

Alternate Phone _____

Purpose: To enable parent/guardian to authorize the provision of emergency treatment for children who become ill or injured while under league authority, when parent or guardian can not be reached.

Part I or Part II Must Be Completed

Part I- To Grant Consent

In the event attempts to contact me at _____ or _____ at
(phone number) (other parent/guardian)

_____ have been unsuccessful, I hereby give my consent for: (1) the
(phone number)

administration of any treatment deemed necessary by Dr. _____ or
(preferred physician)

Dr. _____ or in the event the designated preferred practitioner is not
(preferred dentist)

available, by another licensed physician or dentist; (2) the transfer of the child to
_____ or any hospital reasonably accessible.
(preferred hospital)

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Part II- Refusal of Consent

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish league authorities to take no action or to:

Parent/Guardian Signature _____ Date _____

Acknowledgment of Warning by Parent

We/I, the parent(s)/guardian(s) of _____, do

(child's name)

hereby acknowledge that we have been fully advised, cautioned, and warned

by the proper administrators of The Miracle League of Northwest Ohio that

our/my child named above may suffer serious injury, including but not

limited to sprains, fractures, brain damage, paralysis, or even death by

participating in Miracle League Baseball. Notwithstanding such warnings,

and with full knowledge and understanding of the risk of serious injury to

our/my child named above which may result, we/I give our/my consent to

_____ participating in The Miracle League of

(child's name)

Northwest Ohio Baseball.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

(optional)

**Miracle League of Northwest Ohio
Player Scholarship Application**

**Finances should never be a reason not to join Miracle League.
If you are concerned about fees, please fill out this form.**

Player Name _____

Parent/Guardian _____

Address _____

Phone _____

E-mail _____

Season _____

Year _____

SPRING

FALL

Scholarship Requested

FULL

HALF

QUARTER

PARTIAL (amount requested) _____

Parent/Guardian Signature _____ **Date** _____

LIABILITY WAIVER AND RELEASE OF CLAIMS

COVID-19 SAFETY ACKNOWLEDGMENT

COVID-19 SAFETY INFORMATION:

While participating in events held or sponsored by the Miracle League of Northwest Ohio, Inc., (“MLNWO”) “social distancing” must be practiced and face coverings worn at all times when indoors and also when outdoors when “social distancing” of at least six feet between persons is not possible to reduce the risks of exposure to COVID-19. Because COVID-19 is extremely contagious and is spread mainly from person-to-person contact, MLNWO has put in place preventative measures to reduce the spread of COVID-19. However, MLNWO cannot guarantee that its participants, volunteers, partners, or others in attendance will not become infected with COVID-19.

In light of the ongoing spread of COVID-19, individuals who fall within any of the categories below are not eligible for this activity. By attending an MLNWO event, you certify that you do not fall into any of the following categories:

1. Individuals who currently or within the past fourteen (14) days have experienced any symptoms associated with COVID-19, which include fever, cough, and shortness of breath among others;
2. Individuals who have traveled at any point in the past fourteen (14) days either internationally or to a community in the U.S. that has experienced or is experiencing sustained community spread of COVID-19; or
3. Individuals who believe that they may have been exposed to a confirmed or suspected case of COVID-19 or have been diagnosed with COVID-19 and are not yet cleared as non-contagious by state or local public health authorities or the health care team responsible for their treatment.

MEDICAL ACKNOWLEDGMENT.

I acknowledge the health risks associated with the Activity, including but not limited to transient dizziness, lightheaded, fainting, nausea, muscle cramping, musculoskeletal injury, joint pains, sprains and strains, heart attack, stroke, or sudden death. I agree that if I experience any of these or any other symptoms during the Activity, I will discontinue my participation immediately and seek appropriate medical attention.

RELEASE AND WAIVER OF ALL CLAIMS ARISING OR RELATED FROM PARTICIPATION.

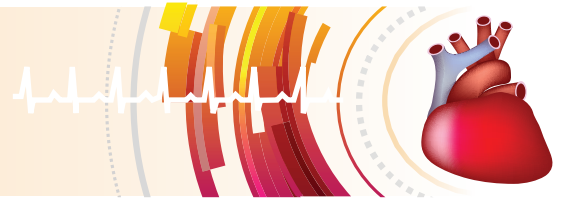
I HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE ANY AND ALL LIABILITY, CLAIMS, AND DEMANDS OF WHATEVER KIND OR NATURE AGAINST THE MIRACLE LEAGUE OF NORTHWEST OHIO, INC. AND ITS AFFILIATES AND SPONSORS, INCLUDING IN EACH CASE, WITHOUT LIMITATION, THEIR DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, AND AGENTS (THE “RELEASED PARTIES”), EITHER IN LAW OR IN EQUITY, TO THE FULLEST EXTENT PERMISSIBLE BY LAW, INCLUDING BUT NOT LIMITED TO DAMAGES OR LOSSES FROM CONTRACTING COVID 19 OR SUCH OTHER CONSEQUENCES OF MY PARTICIPATION IN THIS MIRACLE LEAGUE OF NORTHWEST OHIO, INC. ACTIVITY CAUSED BY THE NEGLIGENCE, FAULT OR CONDUCT OF ANY KIND ON THE PART OF THE RELEASED PARTIES, INCLUDING BUT NOT LIMITED TO DEATH, BODILY INJURY, ILLNESS, ECONOMIC LOSS OR OUT OF POCKET EXPENSES, OR LOSS OR DAMAGE TO PROPERTY, WHICH I, MY HEIRS, ASSIGNEES, NEXT OF KIN AND/OR LEGALLY APPOINTED OR DESIGNATED REPRESENTATIVES, MAY HAVE OR WHICH MAY HEREAFTER ACCRUE ON MY BEHALF, WHICH ARISE OR MAY HEREAFTER ARISE FROM MY PARTICIPATION WITH THE ACTIVITY.

August 28, 2020

[Signature]

[Printed Name]

Sudden Cardiac Arrest and Lindsay's Law Parent/Athlete Signature Form



What is Lindsay's Law? Lindsay's Law is about Sudden Cardiac Arrest (SCA) in youth athletes. It covers all athletes 19 years or younger who practice for or compete in athletic activities. Activities may be organized by a school or youth sports organization.

Which youth athletic activities are included in Lindsay's law?

- Athletics at all schools in Ohio (public and non-public)
- Any athletic contest or competition sponsored by or associated with a school
- All interscholastic athletics, including all practices, interschool practices and scrimmages
- All youth sports organizations
- All cheerleading and club sports, including noncompetitive cheerleading

What is SCA? SCA is when the heart stops beating suddenly and unexpectedly. This cuts off blood flow to the brain and other vital organs. People with SCA will die if not treated immediately. SCA can be caused by 1) a structural issue with the heart, OR 2) an heart electrical problem which controls the heartbeat, OR 3) a situation such as a person who is hit in the chest or a gets a heart infection.

What is a warning sign for SCA? If a family member died suddenly before age 50, or a family member has cardiomyopathy, long QT syndrome, Marfan syndrome or other rhythm problems of the heart.

What symptoms are a warning sign of SCA? A young athlete may have these things with exercise:

- Chest pain/discomfort
- Unexplained fainting/near fainting or dizziness
- Unexplained tiredness, shortness of breath or difficulty breathing
- Unusually fast or racing heart beats

What happens if an athlete experiences syncope or fainting before, during or after a practice, scrimmage, or competitive play? The coach MUST remove the youth athlete from activity immediately. The youth athlete MUST be seen and cleared by a health care provider before returning to activity. This written clearance must be shared with a school or sports official.

What happens if an athlete experiences any other warning signs of SCA? The youth athlete should be seen by a health care professional.

Who can evaluate and clear youth athletes? A physician (MD or DO), a certified nurse practitioner, a clinical nurse specialist, certified nurse midwife. For school athletes, a physician assistant or licensed athletic trainer may also clear a student. That person may refer the youth to another health care provider for further evaluation.

What is needed for the youth athlete to return to the activity? There must be clearance from the health care provider in writing. This must be given to the coach and school or sports official before return to activity.

All youth athletes and their parents/guardians must review information about Sudden Cardiac Arrest, then sign and return this form.

Parent/Guardian Signature

Student Signature

Parent/Guardian Name (Print)

Student Name (Print)

Date

Date