

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** _____