



Miracle League of Long Island – Spring 2012 Buddy Registration

Buddy's Name: _____ Gender: M F (circle)

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone Number(s): _____

Email Address: _____@_____

Emergency Contact Name/Phone: _____

Buddy Shirt Size: **Youth: S – M – L – XL**

(circle one please)

Adult: S – M – L – XL – XXL – XXXL

PLEASE READ AND ACKNOWLEDGE OUR AGREEMENT

I hereby grant the Miracle League of Long Island 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 Long Island 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.

YES, I AGREE:

PRINT NAME: _____ SIGNATURE: _____ DATE: ___/___/_____

PLEASE READ AND GIVE YOUR AUTHORIZATION

I give authorization for my child to participate in The Miracle League of Long Island, and do hereby released of any liability for injury that may occur while participating as a player or spectator during the season.

YES, I GIVE AUTHORIZATION:

PRINT NAME: _____ SIGNATURE: _____ DATE: ___/___/_____

HOW DID YOU HEAR ABOUT US? _____

PLEASE REMEMBER TO

PRINT, SIGN and BRING THIS FORM TO THE GAME!