



## Miracle League of Long Island – Spring 2012 Player Registration

Player's Name: \_\_\_\_\_ Gender: M F (circle)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

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

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

Special Needs or Requirements: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Name/Phone: \_\_\_\_\_

\_\_\_\_\_

Player 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!**