

# Miracle League of Central Ohio Player Registration – 2018 Night League

Opening day for the Night League is scheduled for Monday, June 18, 2018. The entry fee is **\$45.00 per athlete if received prior to 4/29/2018. Registration will be accepted after 4/29, but the cost will increase to \$55.00 to cover the additional cost associated with a separate uniform order. Registrations received after 4/29 will not be guaranteed a uniform by Opening Day.** *If you cannot pay the fee, please check the appropriate box below, and the Miracle League will attempt to locate a sponsor to pay the entry fee on your player's behalf.*

**Please make checks payable to "Miracle League of Central Ohio"  
Mail payments to P.O. Box 1303, Dublin, Ohio, 43017**

PLEASE CHECK ONE:  \$45 prior to 4/29/18  \$55 after 4/29/18  Unable to pay

\_\_\_\_\_  
Player's Name Parent/Guardian

\_\_\_\_\_  
Home Phone /  Yes  No Cell Phone (Text for Updates/Notifications? Y/N) Work Phone Email Address

\_\_\_\_\_  
Street Address City County State Zip

Gender  Male  Female Age \_\_\_\_\_ D/O/B \_\_\_\_\_ Nickname, ie Slugger, the Rocket, \_\_\_\_\_

Diagnosis / Special Needs \_\_\_\_\_  Wheelchair  Walker  Other \_\_\_\_\_

Did your athlete play last year?  Yes  No If yes, what team or coach? \_\_\_\_\_

Would you like your athlete to play on the same team?  Yes  No

If you wish for your athlete to play on the same team as another player, then please note his or her name \_\_\_\_\_

Parent or Guardian: Would you be interested in volunteering?  Coach  Assist. Coach  General Volunteer (On Call)

Player's **Shirt Size** (please check one) Youth  S  M  L  XL Adult  S  M  L  XL  2XL  3XX  4XX

**Release of Liability and Para.**

I give authorization for my athlete (name) \_\_\_\_\_ to participate in the Miracle League of Central Ohio, and do hereby release any liability for injury that may occur while participating as a player or spectator during the season. The undersigned does hereby release and agree to indemnify and hold harmless The City of Dublin, Ohio and The Miracle League of Central Ohio, its officers, directors, volunteers and other such individuals which may be assisting The Miracle League, from all manner of claims for damages and injuries of any kind and nature whatsoever arising out of accidents, occurrences, or conditions whether or not caused by the negligence of the releasees and or indemnitees.

**Release for Use of Likeness**

I hereby grant the Miracle League of Central 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/athlete. 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 to 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 of Central Ohio. I hereby release and forever discharge the Miracle League of Central Ohio 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 thereof that incorporates my name, voice, likeness or any other identifiable representation of myself, my family including my Miracle League player/athlete. I have agreed to the above consideration of the opportunity given to me by the Miracle League of Central 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.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Minor's D/O/B \_\_\_\_\_

Name of Parent or Guardian (please print) \_\_\_\_\_