

**Charleston Miracle League
PLAYER/BUDDY REGISTRATON FORM**

Check One:

- * Player _____
- * Buddy _____

For additional information please call: (843) 881-0684 or 478-1634
Or visit our website: www.charlestonmiracleleague.org

Player/Buddy Name Today's Date Home Phone

Street Address City County State Zip Code

Parent/Guardian E-mail Emergency Contact & Phone Number

M/F _____ Birth Date _____ Age _____ School _____

Diagnosis & Current Prescription Medications _____
(complete on back if necessary)

Primary Care Physician AND Phone Number _____

Special Needs or Requirements _____

Wheelchair _____ Walker _____ Other _____

Players Shirt Size Youth S M L XL Adult: S M L XL XXL (please circle one)

I give authorization for my child, _____, to participate in the Charleston Miracle League. I know that participation in baseball may result in serious injuries, and protective equipment does not prevent all injuries to players, and I do hereby waive, release, absolve, indemnify, and agree to hold harmless the Charleston Miracle League, the City of Charleston, and their organizers, sponsors, agents, insurers, supervisors, participants, and volunteers from any claim arising out of any injury to my our child whether the result of negligence or for any other cause.

I hereby grant the Charleston Miracle League, 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 Charleston Miracle League. I hereby release and forever discharge the Charleston Miracle League 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 incorporate my name, voice, likeness or any other identifiable representation of myself, my family including, my Miracle League player/child.

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/Buddy Printed Name _____ Signature (if Player/Buddy is 18 or older) _____

Signature of Parent or Guardian _____ Minor's DOB _____

Name of Parent of Guardian (please print) _____

*For office use only: Team _____ Player/Buddy assigned _____

**Please Mail Completed Form To:
Executive Director, Charleston Miracle League
P.O. Box 22072
Charleston, SC 29413**