

# CHARLESTON MIRACLE LEAGUE

Questions? Please call (843) 763-2513 or (843) 345-5879

## Volunteer Registration Form

Name _____
Address _____
_____
Email Address _____
Home Phone _____
Cell Phone _____
Emergency Contact/Phone _____
_____

Volunteering for (circle one):
Coach
Buddy
Registration Table
Volunteer Organization _____
How did you hear about us?
_____

I know that participation in baseball may result in serious injuries, and 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 other volunteers from any claim arising out of any injury to me whether the result of negligence or for any other cause.

I further understand and agree that the Charleston Miracle League may conduct a background investigation on me before allowing me to participate as a volunteer. This investigation may include, but not necessarily be limited to, review of a criminal history report from the South Carolina Law Enforcement Division or other law enforcement agency. The Charleston Miracle League may refuse to allow my participation for any or no reason in its sole discretion.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\* For office use only: Volunteer position assigned \_\_\_\_\_

Please fax or mail to: (843) 763-2514 or Charleston Miracle League, P.O. Box 22072, Charleston, SC 29413