



CHARLESTON MIRACLE LEAGUE

Questions? Please call 843.608.4CML (843.608.4265)

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 email to: MiracleLeagueYD@gmail.com

Or mail to: **Charleston Miracle League, P.O. Box 22072, Charleston, SC 29413**