



**Miracle League of Mercer County
2017 Fall Season
PLAYER REGISTRATON**



“Every Child Deserves The Chance To Play Baseball.”

Opening Day is Saturday, September 9th!

DEADLINE: August 21st

**** FEE: \$30.00 per player/per season**
Financial Assistance Available Upon Request

Players Name Home Phone

Street Address City State Zip Code

Parent / Guardian *(if applicable)* e-mail Work or Contact Number

M/F _____ Birth Date _____ Age _____ School _____

Player uses:
Wheelchair ____ Walker ____ None ____ Other _____

Is player visually impaired? Yes _____ No _____ Legally Blind _____

Do you require a new team shirt? Yes _____ No _____ If so, please mark player's shirt size (circle one)

Youth: S M L Adult: S M L XL XXL

Which type of Buddy would you like to request? (Circle One)
Adult Teen Sibling Parent None

Does the player have a team/coach request? _____

Does the player have a “walk-up song” request? _____

For inclement weather text MIRACLELEAGUEMERCER to 84483 to receive alerts from Miracle League of Mercer County.

Please make checks or money orders payable to **Miracle League of Mercer County**

Mail check and form to: **Miracle League of Mercer County
1315 Whitehorse-Mercerville Rd.
Hamilton, NJ 08619**

****Financial assistance may be available upon request****

* For additional information please call: Dan Sczweck at (609) 581-9622 ext 144 or by email dsczweck@hamiltonymca.org*

For Office Use Only



App. Date: _____

Signed Liability Release:



Payment Amount: _____

Check Number: _____

League Age: _____

Team Assignment: _____

Jersey #: _____

Size: _____



THE MIRACLE LEAGUE OF MERCER COUNTY
2017 Fall Season
PLAYER RELEASE FORM



Player's Name _____ Age _____

Address _____

Phone _____ Email _____

In consideration for the Miracle League of Mercer County, Inc. providing the opportunity for my child to participate in Miracle League baseball, the undersigned does hereby release and agree to indemnify and hold harmless the Miracle League of Mercer County, Inc. and its officers and directors from any and all claims for personal injury, death, property damage, or any type of claim or damage (including but not limited to attorney's fees or litigation expenses) resulting from my child's activities in connection with participation in Miracle League baseball or the participation of any family member or guest of the undersigned.

I assume all risks and hazards incidental to such participation in Miracle League games and activities and consent for my child to receive first-aid and/or emergency care by a qualified Emergency Medical Technician or physician or other person qualified to render medical assistance in the event my child suffers an injury during sanctioned games and activities.

I agree to provide my child's specific medical information to the Miracle League of Mercer County, Inc. so that appropriate precautions and care can be provided to my child during sanctioned games and activities. I/We agree to be present at all games and activities so that I/We can manage our child's specific needs. I agree to have any and all medication (prescription and nonprescription) for my child and shall be solely responsible for dispensing any such medication to my child.

Parent/Guardian Signature _____ Date _____

I/We understand that there will be media and promotional coverage of Miracle League Games and activities and I/We give our consent to publish my/our child's name and picture for such purposes. I hereby grant the Miracle League Association, 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 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 my name, voice, likeness or any 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/child. I have agreed to the above in consideration of the opportunity given to me by the Miracle League Association to appear in these materials.

Parent/Guardian Signature _____ Date _____



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