



THE MIRACLE LEAGUE OF MERCER COUNTY
2017 SPRING VOLUNTEER REGISTRATION FORM



Name _____
(Please Print Clearly)

Age: _____

Address _____

Zip Code _____

Phone _____

Shirt Size _____
(Adult Sizes)

Email _____

Emergency Contact _____

Phone _____

I am interested in volunteering as a (please check all that apply):
(Volunteers should be at least 12 years old)

- Coach, Angel in the Outfield: 10am -12pm, Souvenir/Concession Stand, Umpire, Angel in the Outfield: 12pm - 2pm, Pitcher/Catcher, Angel in the Outfield (player specific): _____

I have _____ years experience with (please check all that apply):

- Miracle League of Mercer Co., Baseball, Working with individuals with disabilities

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

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

Signature _____

Date _____

Parent/Guardian Signature _____
(If under 18 years of age)

Date _____

Mail completed forms to:
Miracle League of Mercer County
1315 Whitehorse-Mercerville Rd.
Hamilton, NJ 08619



“Every Child Deserves The Chance To Play Baseball”





**THE MIRACLE LEAGUE OF MERCER COUNTY
2017 YOUTH VOLUNTEER RELEASE FORM
(UNDER 18 YEARS OLD)**



Volunteer's Name _____

Age _____

Address _____

Phone _____

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.

Volunteer Signature _____

Date _____

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.

Volunteer Signature _____

Date _____

Parent/Guardian Signature _____

Date _____



“Every Child Deserves The Chance To Play Baseball”





**THE MIRACLE LEAGUE OF MERCER COUNTY
2017 ADULT VOLUNTEER RELEASE FORM**



Volunteers Name _____ Phone _____

Address _____

In consideration for the Miracle League of Mercer County, Inc. providing the opportunity for me 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 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 me 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 I suffer an injury during sanctioned games and activities.

Adult Volunteer Signature _____ Date _____

I understand that there will be media and promotional coverage of Miracle League Games and activities and I give my consent to publish my 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 and my family members. 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 and my family. I have agreed to the above in consideration of the opportunity given to me by the Miracle League Association to appear in these materials.

Adult Volunteer Signature _____ Date _____



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