

MIRACLE LEAGUE OF SAN ANTONIO
FALL 2009 REGISTRATION

PLAYERS

Please mail or fax this form back to:
Miracle League of San Antonio
926 Chulie Drive
San Antonio, Texas 78216
210-225-2300 Fax number

For additional information please visit our website at www.miracleleagueofsanantonio.com or call (210) 225-6666.

Has this player played on a Miracle League team before? Yes No If yes, which team? _____

Players Name _____ Home Phone _____

Street Address _____ City _____ County _____ State _____ Zip Code _____

Parent / Guardian _____ E-mail _____ Cell or Contact Number _____

M/F _____ Birthday _____ Age _____ School _____

Diagnosis _____

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 Miracle League of San Antonio; and do hereby release The Miracle League of San Antonio of any liability for injury that may occur while participating as a player or spectator during the season.

I hereby grant The Miracle League of San Antonio, 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 limitations 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 Miracle League Association. **I hereby** release and forever discharge the Miracle League Association 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 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 of San Antonio to appear in these materials. 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.

Name _____ Signature _____

Signature of Parent or Guardian _____ Minor's DOB _____

Name of Parent or Guardian (please print) _____