

**MIRACLE LEAGUE OF SAN ANTONIO, INC.  
FALL 2008 REGISTRATION**

**COACHES**

*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](http://www.miracleleagueofsanantonio.com) or call (210) 225-6666.

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Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Number \_\_\_\_\_ E-mail \_\_\_\_\_ Work or Contact Number \_\_\_\_\_

Past Experience as Coach? \_\_\_\_\_

Relative of Special Needs Child participating in our League? \_\_\_\_\_ If yes, who is the child? \_\_\_\_\_

Adult S M L XL XXL (please circle one)

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**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 and my family members. 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 and my family. **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 \_\_\_\_\_