



# Spring 2016 Player Registration Form \* Deadline: August 26, 2016

**Registration Fee: \$30 – Due by August 26, 2016**

Player Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Mailing address: *Street* \_\_\_\_\_ *City* \_\_\_\_\_ *Zip* \_\_\_\_\_

Email address \_\_\_\_\_

Best way to reach you:

Contact name \_\_\_\_\_ Number: \_\_\_\_\_ Text YES or NO

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In case of rain delays or cancellations, it is easier if we can send out a mass email and text. We will also post updates on Facebook. If you use Facebook, please “like” our page. THE BEST WAY TO STAY INFORMED IS: From your cell phone, PLEASE TEXT the message @coachmluc to the number 81010. By doing this, you will receive a text with any up to date info and if your phone number changes you will just enter it again, this way no one misses any communication.

In order to better accommodate your player and get to know him/her a little better, please answer the following questions. **Please be aware that the school name and list of favorite things will be announced when your child is being introduced. Please make sure these things are what your child wants to be heard.**

School or Program your player attends: \_\_\_\_\_ Grade: \_\_\_\_\_

List of Favorite Things (TV shows, songs, food, hobbies):

Special Nick Name when playing baseball (optional): \_\_\_\_\_

Does your player bat right handed or left handed: \_\_\_\_\_

Does your player bat off the tee or coach pitch: \_\_\_\_\_

Does your player use a wheelchair, stroller, crutches or any other equipment? \_\_\_\_\_

Please specify what equipment: \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Medication taken \_\_\_\_\_

Anything else we need to know about your child? \_\_\_\_\_

Circle player shirt & hat size: Youth S M L XL Adult S M L XL XXL Hat Size: Youth or Adult

\*\*If there are any family members or fans that would like to purchase shirts to match your player, please make a note below and include the name, phone number and shirt size of each one and include an additional \$15 for each shirt. Additional Shirt Info:

**UNIFORM PICK UP:**  
**September 2<sup>nd</sup>**  
**ALL TEAM PICTURES**  
**MADE ON:**  
**September 6<sup>th</sup>**  
**GAMES BEGIN THE**  
**WEEK OF:**  
**September 12<sup>th</sup>**  
**GAMES END THE**  
**WEEK OF:**  
**October 24<sup>th</sup>**

For our special brand of baseball to be successful it requires

2 Field Coaches per team, 2 Dugout Coaches per team and 1 Team Sponsor per team

Circle how you can help: Field Coach - Dugout Coach - Team Sponsor (\$300 per season)

(If we have enough volunteers dedicated to serve as coaches for the entire season, the parents would not need to serve, allowing them to enjoy watching the game from the stands.)

Your registration is complete when you have filled out this page AND completed the release form. You may drop forms off in person at The Union County Recreation Department III Thomas Street, Union, SC, 29379 or mail to The Miracle League of Union County PO Box 425 Union, SC 29379 – either way, **we must receive your form by August 26, 2016.** Any questions, call 864-466-7879.

Release Form

-I give authorization to the above listed person to participate in The Miracle League of Union County. I know that participation in baseball may result in serious injuries, and protective equipment does not prevent all injuries to players, and I do hereby waive, release, absolve, indemnify, and agree to hold harmless The Miracle League of Union County, and their organizers, sponsors, agents, insurers, supervisors, participants, and volunteers from any claim arising out of any injury to my child whether the result of negligence or for any other cause.

-I hereby grant The Miracle League of Union County, its affiliates, franchises, and 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 of Union County player. 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 any identifiable representation of me (including without limitation, all negatives, plates, and masters of photographs, files, prints, or tapes) shall be and remain the sole and exclusive property of The Miracle League of Union County. I hereby release and forever discharge The Miracle League of Union County 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 representations of myself, my family including my Miracle League of Union County player.

-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.

Player Signature *if older than 18 years of age* \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature *if player is under the age of 18* \_\_\_\_\_

**CLIP HERE AND POST THESE IMPORTANT DATES!!**

UNIFORM PICK UP:

**September 2nd**

ALL TEAM PICTURES MADE ON:

**September 6th**

GAMES BEGIN THE WEEK OF:

**September 12th**

GAMES END THE WEEK OF:

**October 24th**