



## 2018 Miracle League of Dunn Player Registration Form

The Miracle League of Dunn is an organized baseball league for individuals ages 5 and up with cognitive and/or physical disabilities. Games are played at the Nathan Harris Athletic Complex at Tyler Park on the Phillip Alan Fusco, II Miracle Field.

*Please print legibility and fill out front & back of form.*

Player Name \_\_\_\_\_ Nickname \_\_\_\_\_

(circle one) Male / Female    DOB \_\_\_\_\_    Age \_\_\_\_\_    School \_\_\_\_\_

Parent(s)/Guardian(s) Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Cell# \_\_\_\_\_

Email Address \_\_\_\_\_ Emergency Contact and Phone # \_\_\_\_\_

This is my first year playing Miracle League baseball: YES/NO    If no, team/coach name from last year \_\_\_\_\_

This will be my  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup> year as a player

*\*In the best interest of the player, a parent/guardian must be on site during the player's baseball game; this is not a drop off league.*

**Player Shirt Size** (circle one)    **YOUTH:** S M L XL    **OR**    **ADULT:** S M L XL 2XL 3XL.

**ABOUT MY CHILD:** *please provide specifics, this will assist in the volunteer match for your child.*

**Diagnosis** \_\_\_\_\_

**Please include any information that will support the success of your child: special needs or requirements:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**My child is** (pls. check) Verbal \_\_\_ Non-Verbal \_\_\_    **My child uses:** (pls. check) wheelchair \_\_\_ walker \_\_\_ other \_\_\_\_\_

**\*\*\* Volunteer Buddy INFORMATION \*\*\***

\_\_\_\_\_ I will be providing my child's own buddy. Name of volunteer buddy is \_\_\_\_\_

\_\_\_\_\_ I would like the Miracle League to provide a buddy to be on the field with my child. Which type of Buddy would be best for your child?  
(circle one)    Adult                  Young Adult

I give authorization for my above-named to participate in the Miracle League of Dunn. 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 Dunn, Dunn Parks & Recreation, and the City of Dunn, their organizers, sponsors, agents, insurers, supervisors, participants, and volunteers, from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.

I hereby grant the Miracle League of Dunn, 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 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 of Dunn.

I hereby release and forever discharge the Miracle League of Dunn 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 incorporate my name, voice, likeness or any other identifiable representation of myself, my family including, my Miracle League player/child.

By signing below, I acknowledge that I have fully read and understand this document and I have had 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.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

**Mail or Fax completed form to:**

***Dunn Parks & Recreation***

***PO Box 1065***

***Dunn, NC 28335***

***Fax (910)892-7001***

**CONTACT US:**

**Dunn Parks & Recreation**

**205 Jackson Rd.**

**Dunn, NC 28334**

**910-892-2976**

[dunnparksrec@dunn-nc.org](mailto:dunnparksrec@dunn-nc.org)

[broach@dunn-nc.org](mailto:broach@dunn-nc.org)

