

**Summerville Miracle League (SML)
Children's League
PLAYER REGISTRATION FORM**

For additional information or questions, please call (843) 566-5027 or visit our website at www.SummervilleMiracleLeague.org

Player's Name _____ Today's Date _____ Best Contact Phone (circle one: cell / work / home) _____

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

Parent(s)/Guardian(s) (if applicable) E-mail _____ Emergency Contact & Phone Number _____

M/F _____ Birth Date _____ Age _____ School _____

What is your preference for being contacted by the SML (e.g., phone, email, etc.)? _____

Player Diagnosis and Current Prescription Medications: _____
(complete on back if necessary)

Primary Care Physician AND Phone Number _____

Special Needs or Requirements _____

Wheelchair _____ Walker _____ Other _____

Player's Shirt Size: _____ Youth Sizes: S M L XL Adult Sizes: S M L XL XXL (please circle one)

I give authorization for _____ to participate in the Summerville Miracle League. 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 Summerville Miracle League, the City of Summerville, and their organizers, sponsors, agents, insurers, supervisors, participants, and volunteers from any claim arising out of any injury to me and my family members, including my Miracle League player/child, whether the result of negligence or any other cause.

I hereby grant the Summerville Miracle League, 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 me and 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, videotapes, films, sound recordings, software, drawings, prints, broadcast, internet and electronic media). I agree that all material containing any identifiable representation of me and my family members, including my Miracle League player/child (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 Summerville Miracle League. I hereby release and forever discharge the Summerville Miracle League from any and all liability and damages relating to the use of the name, voice, likeness or any other identifiable representation of me and my family members, including my Miracle League player/child. I hereby waive any right I may have to inspect or approve the finished materials or any part or element thereof that incorporate the name, voice, likeness or any other identifiable representation of me and my family members, including my Miracle League player/child.

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.

Signature of Parent / Guardian: _____

Name of Parent / Guardian signing this form (please print): _____

*For office use only: Team _____ SML Start Date _____