

**Miracle League of Northwest Ohio**  
**Spring/Fall 20\_\_ REGISTRATION**

Please make checks or money orders payable to:  
mail check and form to:

*Miracle League of Northwest Ohio*  
*2173 CR 139 McComb, OH 45858*

For additional information please call: 419-306-4035

**FEES: \$25.00**

Label applies to line above

Player Name _____			Home Phone _____	
Street Address _____		City _____	County _____	State _____ Zip Code _____
Parent / Guardian _____		e-mail _____		Work 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 XXXL (please circle one)	

I give authorization for my child \_\_\_\_\_ to participate in The Miracle League of Northwest Ohio, and do hereby released 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 Northwest Ohio, 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 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 there of 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 Northwest Ohio 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.

Player Name (print) \_\_\_\_\_ Signature (if able) \_\_\_\_\_

Name of Parent or Guardian (print) \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

# Emergency Medical Authorization The Miracle League of Northwest Ohio

Player's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Purpose: To enable parent/guardian to authorize the provision of emergency treatment for children who become ill or injured while under league authority, when parent or guardian can not be reached.

## Part I or Part II Must Be Completed

### Part I- To Grant Consent

In the event attempts to contact me at \_\_\_\_\_ or \_\_\_\_\_ at  
(phone number) (other parent/guardian)

\_\_\_\_\_ have been unsuccessful, I hereby give my consent for: (1) the  
(phone number)

administration of any treatment deemed necessary by Dr. \_\_\_\_\_ or  
(preferred physician)

Dr. \_\_\_\_\_ or in the event the designated preferred practitioner is not  
(preferred dentist)

available, by another licensed physician or dentist; (2) the transfer of the child to  
\_\_\_\_\_ or any hospital reasonably accessible.  
(preferred hospital)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Part II- Refusal of Consent

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish league authorities to take no action or to:

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Acknowledgment of Warning by Parent

We/I, the parent(s)/guardian(s) of \_\_\_\_\_, do

(child's name)

hereby acknowledge that we have been fully advised, cautioned, and warned

by the proper administrators of The Miracle League of Northwest Ohio that

our/my child named above may suffer serious injury, including but not

limited to sprains, fractures, brain damage, paralysis, or even death by

participating in Miracle League Baseball. Notwithstanding such warnings,

and with full knowledge and understanding of the risk of serious injury to

our/my child named above which may result, we/I give our/my consent to

\_\_\_\_\_ participating in The Miracle League of

(child's name)

Northwest Ohio Baseball.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

(optional)

**Miracle League of Northwest Ohio  
Player Scholarship Application**

**Finances should never be a reason not to join Miracle League.  
If you are concerned about fees, please fill out this form.**

**Player Name** \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Phone** \_\_\_\_\_

\_\_\_\_\_

**E-mail** \_\_\_\_\_

**Season** \_\_\_\_\_

**Year** \_\_\_\_\_

**SPRING**

**FALL**

**Scholarship Requested**

**FULL**

**HALF**

**QUARTER**

**PARTIAL (amount requested)**\_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_