Miracle League of Independence
Fall 2016 Registration Form

Every child deserves a chance to play

The Miracle League of Independence provides athletes, ages 5 to 17 who have an intellectual and/or physical disability, an opportunity to experience and play the great game of baseball with athletes of like abilities in a barrier-free environment.

For more information on the Miracle League go to www.miracleleaguebaseball.org

Ages:	**5 – 17 years**
Registration Fee:	**$15 per player**
	Cash, Check payable to City of Independence, Visa, MasterCard or Discover.
	Scholarships are available based on need
Registration Deadline:	Tuesday, September 13, 2016
Location:	Daniel's Diamond at McCoy Park
	800 N. Bess Truman Parkway, Independence
Dates:	6 games beginning September 17, 2016

GAME NIGHTS: Most game days will be on Saturdays. However, game days may change based on the number of teams registered and weather delays.

Space is limited. Once teams are filled, names will be placed on a waiting list.

For information on the Miracle League of Independence please call (816) 325-7843 or kzimmerman@indepmo.org

For information on Variety the Children's Charity of Greater Kansas City please visit www.varietykc.org

Miracle League of Independence, Missouri
2016 Fall Player Registration
416 West Maple Ave., Independence, MO 64051
Phone: (816) 325-7843 Fax: (816) 325-7842

Player Name: _____ **Nickname:** _____
Gender: _____ **DOB:**_____ **School**: _____
Parent(s)/Guardian(s) Name: _____
Address: _____
Phone: _____ **Cell:** _____
Email: _____ **Emergency Contact and Phone:** _____
Team/Coach Preference: _____
Player Shirt Size (circle one): Youth: S M L XL **OR** **Adult:** S M L XL XXL 3XL

About my child (please check all that apply):
☐ Verbal ☐ Non-Verbal ☐ Wheelchair ☐ Walker ☐ Other: _____
Other Special Needs or Requirements: _____
_____
_____
_____

Other Information (please check all that apply):
☐ I will be providing my child's own buddy. Name of the volunteer buddy _____
☐ I would like the Miracle League to provide a buddy to be on the field with my child.
Which type of buddy works best for your child? ☐ Adult ☐ Young Adult ☐ Teen ☐ Peer
☐ I, as the parent would be interested in volunteering. Name: _____
☐ Buddy ☐ Coach ☐ Team Manager ☐ Announcer ☐ Other: _____

Registration Fee: $15 per player

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

I hereby grant the Miracle League of Independence, MO, City of Independence, MO, its affiliates, franchises, advertising and promotional agencies, and their agents, the irrevocable, unrestricted right to 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, 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 remain the sole and exclusive property of the Miracle League of Independence, MO.

I hereby release and forever discharge the Miracle League of Independence, MO, and City of Independence, MO 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 material or any part or element thereof that incorporate 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.

Player Signature: _____ Date: _____
Signature of Parent/Guardian: _____ Date: _____
Printed Name of Parent/Guardian: _____

Mail or Drop off completed registration form & fee to:
Independence Parks & Recreation
416 West Maple Ave.
Independence, Missouri 64050