

Miracle League of El Paso
Over 25 League
REGISTRATION FORM

Please make checks payable to the **Miracle League of El Paso** and mail check and form to:
Sandie E Sparks-Oliver
PO Box 972508
El Paso, Texas, 79997.

For additional information please call: 779-4770. **FEES: \$35.00**

Player's Name _____ Home Number _____

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

Parent/Guardian _____ Email address _____ 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 (please circle one)

Players Pant Size Youth S M L XL Adult S M L XL XXL (please circle one)

I give authorization for my child _____ to participate in The Miracle League of El Paso, and do hereby release of any liability for injury that may occur while participating as a player or spectator during the season.

Parent or Guardian Signature: _____



By signing this application and entering your child in the league, you agree to help fundraise for League operations for the entire year of play. This will include volunteer time at functions that help in the fundraising effort.

BASEBALL

SOFTBALL

Please circle one of the above.

PLEASE SIGN FRONT & BACK (both pages)

The Miracle League of El Paso
WAIVER

I hereby grant The Miracle League of El Paso, 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 El Paso to appear in these materials. I acknowledge that I 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.

Name of player _____

Minor's Signature of Parent or Guardian _____ D/O/B _____

Name of Parent or Guardian (please print) _____

