



2012 Spring Player Registration Form

SELECT ONE:

AGES 6-12
8-WEEK LEAGUE
beginning March 1),
Saturday Mornings

AGES 13-20
8-WEEK LEAGUE
beginning March 1'
Thursday Evenings

Player's Name _____ Home Phone _____

Street Address _____

City _____ State _____ Zip _____

Parent/Guardian _____

Email _____ Work or Cell Number _____

Male Female Date of Birth _____ Age _____ School _____

Diagnosis _____

Special Needs or Requirements _____

Wheelchair Walker Other

Player's Shirt Size **Youth:** S M L **Adult:** S M L XL XXL (please check one)

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

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of The Miracle League of Greater New Orleans; its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with baseball, I hereby release, discharge and agree to indemnify The Miracle League of Greater New Orleans, its affiliated organizations and sponsors, their employees and associated personnel, including the facility utilized for the program, from and against any claim by, or, on behalf of the registrant as a result of the registrant's participation in the program.

I hereby grant The Miracle League of Greater New Orleans, 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 or electronic media.) I agree that all material containing any identifiable representation of me or my child may be used by The Miracle League of Greater New Orleans.

X _____

Signature of Parent/Guardian

Registration fee: \$10. Please make check or money order payable to The Miracle League of Greater New Orleans.

Mail to: Gina Lorio
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