

**Miracle League**  
**Las Vegas**  
**REGISTRATION**

- \* Interested in Volunteering \_\_\_\_\_
- \* Interested in Coaching \_\_\_\_\_
- \* Interested in Sponsorship \_\_\_\_\_

For additional information please call:  
**DEADLINE:**  
**FEES: \$50.00**

Players Name _____		Home Phone _____		
Street Address _____	City _____	County _____	State _____	Zip Code _____
Parent / Guardian _____		e-mail _____		Work or Contact Number _____
M/F _____	Birthday _____	Age _____	School _____	
Diagnosis _____ *** Please see reverse side				
Special Needs or Requirements _____				
Wheelchair _____	Walker _____	Other _____		
Players Shirt 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 Las Vegas, and do hereby release First Christian Church and Miracle League of Las Vegas (collectively "Miracle League") of any liability for injury that may occur while participating as a player or spectator during the season.

**I hereby** grant the 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 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. **I hereby** release and forever discharge the Miracle League 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 thereof 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 Las Vegas 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.

Name \_\_\_\_\_ Signature \_\_\_\_\_

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

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

Diagnosis

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Current Prescription and Medications

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Allergies

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Primary Care / Physician and Phone Number:

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**Please make checks or money orders payable to;**  
***Miracle League of Las Vegas***  
***mail check and registration form to:***

***Miracle League Las Vegas***  
***101 South Rancho Road***  
***Las Vegas, NV 89106***