



Dates to Remember

March 12th	We will be at the field from 10-12. You may drop off your registration and practice hitting a few times and running the bases.
March 14th	Completed Registration due with check or Scholarship form due. Please mail to: Miracle League PO Box 853 Longview, Texas 75606
Game Dates	April 9th April 16th April 23rd April 30th May 7th May 14th
May 14th	Trophy presentation following game

Any questions, please feel free to text me or send me an email.

Twilson@westlake.com or 903-235-3019



Spring 2022 REGISTRATION FORM

Please make checks or money orders payable to
The Miracle League of East Texas

- * Interested in Volunteering _____
- * Interested in Coaching _____
- * Interested in Sponsorship _____

DEADLINE: March 14, 2022

FEES: **\$50.00** Include shirt, cap, and trophy

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 _____

Special Needs or Requirements _____

Wheelchair _____ Walker _____ Other _____

Players Shirt Size Youth S M L XL _____ Adult: S M L XL XXL (please circle)

Additional shirts to match your child may be purchased for \$ 15 and will include child's number. This money is due at time of registration.

I give authorization for my child _____ to participate in The Miracle League of East Texas, and do hereby released of any liability for injury that may occur while participating as a player or spectator during the season. Parent and/or Guardian must be present at all Miracle League games and/or events.

_____ (please initial)

I hereby grant the Miracle League of East Texas, 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 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 East Texas 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.

- IF FINANCIAL ASSISTANCE IS NEEDED PLEASE MARK THIS BOX
Every child deserves the chance to play baseball.

Name _____ Signature _____

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

Name of Parent or Guardian (please print) _____



Miracle League of East Texas Scholarship Form

DATE: _____ AMOUNT OF FINANCIAL ASSISTANCE REQUESTED? (\$30 REGISTRATION) \$ _____

YOUR NAME: _____ DOB: _____

CHILD'S NAME: _____ DOB: _____

HOME ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE (H): _____ (C): _____ E-MAIL: _____

ARE YOU CURRENTLY RECEIVING FINANCIAL ASSISTANCE FROM ANY OTHER ASSOCIATION? () YES () NO If so, who? _____

MARITAL STATUS (PLEASE CHECK ONE): () SINGLE () MARRIED () SEPERATED/DIVORCED () WIDOWED

YOUR EMPLOYERS NAME: _____

YOUR EMPLOYERS ADDRESS: _____

ARE YOU EMPLOYED PART TIME OF FULL TIME?: _____

ARE YOU CURRNETLY A STUDENT ENROLLED IN A SCHOOL? _____ NAME OF SCHOOL? _____

SPOUSES NAME: _____ DATE OF BIRTH: _____

SPOUSES EMPLOYERS NAME: _____

SPOUSES EMPLOYERS ADDRESS: _____

Please List the first name, last name, gender and date of birth of all dependents living in your household.

Name _____ Relationship _____ Gender _____ DOB _____

Name _____ Relationship _____ Gender _____ DOB _____

Name _____ Relationship _____ Gender _____ DOB _____

Name _____ Relationship _____ Gender _____ DOB _____

Name _____ Relationship _____ Gender _____ DOB _____