



## Dates to Remember

<b>September 10<sup>th</sup></b>	<b>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.</b>
<b><u>Forms must be received by September 10<sup>th</sup> to play!</u></b>	<p><b>Completed Registration due with check or Scholarship form due. No exceptions.</b></p> <p style="text-align: center;"><b>Please mail to: Miracle League PO Box 853 Longview, Texas 75606</b></p>
<b>Game Dates</b>	<p><b>September 24th</b>  <b>October 1st</b>  <b>No Game Buddy Walk - October 8<sup>th</sup></b>  <b>October 15<sup>th</sup></b>  <b>October 22<sup>th</sup></b>  <b>October 29<sup>th</sup></b></p>
<b>October 29th</b>	<b>Trophy presentation following game</b>

**October 8<sup>th</sup> we will be celebrating with our friends at the Buddy Walk.**

**More information to come.**

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

**[Twilson@westlake.com](mailto:Twilson@westlake.com) or 903-235-3019**



## Fall 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: September 10, 2022 NO EXCEPTIONS**

**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) Hat size adult or youth

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) \_\_\_\_\_