



## Fall 2023 REGISTRATION FORM

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

DEADLINE: August 21, 2023

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

Player's 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 \_\_\_\_\_

**Player's Shirt Size** Youth: S M L XL Adult: S M L XL 2XL **Hat size** youth adult (please circle shirt and hat size)

Additional shirts to match your child may be purchased for \$15 (2X -\$18) **Adult: S M L XL 2XL** 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.

Player's Name \_\_\_\_\_ Signature of Player if older than 18 \_\_\_\_\_

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

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

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

Please send a head shot photo and walk up song to be posted to the score board when at bat to [ScoreboardPhoto@yahoo.com](mailto:ScoreboardPhoto@yahoo.com)

Questions [MLEasttexas@gmail.com](mailto:MLEasttexas@gmail.com)



## Miracle League of East Texas Scholarship Form

DATE: \_\_\_\_\_ AMOUNT OF FINANCIAL ASSISTANCE REQUESTED? (\$50 REGISTRATION) \$ \_\_\_\_\_

YOUR NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

PLAYER'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 EMPLOYER'S NAME: \_\_\_\_\_

YOUR EMPLOYER'S ADDRESS: \_\_\_\_\_

ARE YOU EMPLOYED PART TIME OF FULL TIME? \_\_\_\_\_

ARE YOU CURRENTLY A STUDENT ENROLLED IN A SCHOOL? \_\_\_\_\_ NAME OF SCHOOL? \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SPOUSE'S EMPLOYERS NAME: \_\_\_\_\_

SPOUSE'S 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 \_\_\_\_\_