

The Miracle League of East Texas

Fall 2024 Registration Form

Deadline September 2, 2024

Fees: \$50.00 Includes shirt, cap, and trophy

Please make checks payable to The Miracle League of East Texas

Players Name _____ Phone _____

Address _____ City _____ State _____ Zip Code _____

Parent/Guardian _____ Email _____

Male/Female _____ Birthday _____ Age _____ School _____

Diagnosis _____

Special Needs Requirements _____

Wheelchair _____ Walker _____ Other _____

Please circle shirt and hat size Players Shirt Size Youth S M L XL Adult S M L XL 2XL Hat Size Youth Adult

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



Miracle League of East Texas Scholarship Form

DATE: _____ AMOUNT OF FINANCIAL ASSISTANCE REQUESTED? \$ _____

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 CURRNENTLY 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 _____