



Moody Miracle League

"Everyone Deserves A Chance To Play Ball"

PLAYER REGISTRATION

Donation: \$35/First Player \$5/Additional Player

Please complete the following information (Please Print):

FIRST NAME (Player)	LAST NAME	BIRTHDATE (M/D/Y)	AGE
HOME ADDRESS			
CITY	STATE	Zip	COUNTY
EMAIL ADDRESS		DIAGNOSIS	
HOME NUMBER	CELL NUMBER	OTHER NUMBER	
() -	() -	() -	
JERSEY SIZE (Circle One)		JERSEY NUMBER LOCATION (Circle One)	
YOUTH - S M L XL	ADULT - S M L XL 2XL 3XL	FRONT /	BACK
NAME ON JERSEY	JERSEY NUMBER (Your Choice)	LOCATION OF NAME (CIRCLE ONE)	
		FRONT /	BACK
PARENT/GUARDIANS NAME(S)		(Please Circle)	
		WHEELCHAIR / WALKING DEVICE	
BEST WAY FOR COMMUNICATION (CIRCLE ALL THAT APPLY)			
PHONE / EMAIL / REMIND101 / FACEBOOK			

I hereby grant the Miracle League Association, its affiliate's franchises, advertising and promotional agencies, and their agents the irrevocable, unrestricted rights to use, publish, display and distribute materials bearing my 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 identifiable representation of me (including without limits, 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 Association.

I hereby release and forever discharge The Miracle League Association from any and all liability and damage relating to my name, voice, likeness or any identifiable representation of me. I hereby waive any right I may have to inspect or approve the material or any part or element thereof that incorporates my name, 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 Association 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 my parent or guardian also signs this document.

I understand that I may be subject to a background check.

Applicant Signature

Date

Parent/Guardian Signature (if player is 18 years or under)

Date

Moody Miracle League
670 Park Avenue
Moody, AL 35004

Thank you for your support!!!

TO BE FILLED IN BY MML	
TEAM	
PAID	Cash / Check#
	Credit Card Done On Square Yes / No