

The Miracle League of North Mankato

2017 Summer League Registration Form

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Youth (ages 3-10) season: Tuesdays June 6th – August 8th 6:15-7:15 p.m.

Youth (ages 11-19) season: Thursdays June 8th – August 10th 6:15-7:15 p.m.

Adult (19 and up) season: Monday or Wednesday, June 5th – August 9th 6:15-7:15 p.m.

Please complete, sign, and mail with \$35.00 registration fee to 127 S. 2nd St. Suite 120 Mankato, MN 56001

Scholarships are available upon request please call (507)382-0724 or themiracleleguenm@gmail.com

Name _____
First Last Nickname

Address _____ City _____

State _____ Zip _____ Age _____ Gender: Male / Female

Phone _____ Alternative Phone _____

E-mail _____

Emergency Contact _____ Phone _____

Relationship _____

Provider Name _____ Name of Contact at Provider _____

Phone _____

Jersey Size: (circle ONE) (**Youth**) S M L **OR** (**Adult**) S M L XL XXL

Disability _____

Do you use any adaptive/mobility devices? **Yes No** If YES what type of mobility device? (i.e. manual chair, power chair, walker, prosthetics)? _____

Does the participant need one-on-one assistance? **Yes No** If YES who will be providing that assistance? _____

List any factors that may affect the participant's disability: (i.e. Heat, behavior, seizures, etc.): _____

Physician: _____ Clinic/Hospital: _____

Participant's Date of Birth: _____

Please list any additional Concerns: _____

TRANSPORTATION (Adult League only)

Transportation is provided at no additional cost in the Mankato/North Mankato area. If you request transportation, you will be notified of the pick-up time once the routes have been established.

Do you require transportation to be provided by The Miracle League? **Yes No**

If yes, will you need transportation for someone other than yourself (such as a support staff)? **Yes No**

Will you require the use of a wheelchair on the bus? **Yes No**

Knowing the risks involved, I certify that I and/or my child, client or ward (hereinafter the "Participant"), are capable of participating in any activities organized by The Miracle League of North Mankato (hereinafter the "League.") In consideration of the League providing this opportunity to the Participant, I hereby waive, release and discharge all actions, claims and demands for personal injury and/or property damage that I or the Participant may have against, the League, its volunteers, employees, directors, agents or assigns.

If an emergency arises, it might be necessary to seek emergency care for the Participant without notice. Such emergency care may be provided only to the Participant if you sign the authorization below. Either the authorization or a statement of the reason for not allowing such emergency care should accompany this document. By signing this document, you are authorizing the League and its volunteers, employees, directors, agents, assigns or medical providers to administer emergency care to the Participant.

I hereby grant the League, its affiliates, franchises, advertising and promotional agencies, and their agents, the irrevocable, unrestricted right to use, publish, display and distribute materials bearing the Participant's name, voice, likeness or any other identifiable representation. 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 the Participant (including without limitation, all negatives, plates and masters of any photographs, electronic files, prints or tapes) shall be and remain the sole and exclusive property of the League. I hereby release and forever discharge the League from any and all liability and damages relating to the use of the Participant's name, voice, likeness or any other identifiable representation. I hereby waive any right I may have to inspect or approve the finished materials or any part or element there of that incorporates the Participant's name, voice, likeness or any other identifiable representation. I have agreed to the above in consideration of the opportunity given to the Participant by the League to appear in these materials.

I have read, understand, and accept the terms and conditions stated in this document. I certify that I have had any questions regarding the effect or meaning of this document answered to my satisfaction. I certify that all information on this document is true and to the best of my knowledge. I certify that I am at least 18 years of age, unless this document is also signed by my parent or legal guardian. I acknowledge that this document will be effective and binding.

Participant Signature: _____ **Date:** _____

Parent/Legal Guardian Signature: _____ **Date:** _____

(Registration dead line is May 26th. Please call if registering after this date (507)382-0724)