



## The Miracle League of North Mankato 2017 Youth Wheelchair Basketball Registration Form

Registration dead line is January 1<sup>st</sup>.  
Please call if registering after this date (507)382-0724  
Please include your athlete's \$60 registration fee.  
Scholarships available upon request.

Name \_\_\_\_\_  
First Last Nickname

Address \_\_\_\_\_ City \_\_\_\_\_

State MN \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Participant's Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian Contact #1 \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Parent/Guardian Contact #2 \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Jersey Size: Y/S Y/M Y/L Small Medium Large X-Large

Disability \_\_\_\_\_

What mobility device does your athlete use? (i.e. manual chair, power chair, walker, prosthetics)?  
\_\_\_\_\_

My athlete will need to borrow a wheelchair to play? \_\_\_\_\_

If YES: Athlete height \_\_\_\_\_ Athlete weight \_\_\_\_\_

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

Please list any additional concerns: \_\_\_\_\_

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:** \_\_\_\_\_

### Contact Information

[TheMiracleLeagueNM@Gmail.com](mailto:TheMiracleLeagueNM@Gmail.com) or Call (507)382-0724

Please complete, sign, and mail to:  
127 S. 2<sup>nd</sup> St Suite 120 Mankato, MN 56001  
Attention: Miracle League of North Mankato