

# The Miracle League of North Mankato

## 2017 Fall League Registration Form

☐ **Youth** (3 - 10) Tuesdays, September 12<sup>th</sup> – October 10<sup>th</sup> 6:00-6:30 p.m.

☐ **Teen** (10 - 21) Tuesdays, September 12<sup>th</sup> – October 10<sup>th</sup> 6:30-7:30 p.m.

☐ **Adult** (21 and up) Mondays, September 11<sup>th</sup> – October 9<sup>th</sup> 6:15-7:15 p.m.

Please complete, sign, and mail in by September 1<sup>st</sup> with \$20.00 registration fee to:

Miracle League of North Mankato  
127 S. 2<sup>nd</sup> St. Suite 120  
Mankato, MN 56001

Name \_\_\_\_\_  
First Last nickname

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

State \_\_\_\_\_ Zip \_\_\_\_\_ Age \_\_\_\_\_ Gender: Male / Female

Phone \_\_\_\_\_ Alternative Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

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

Group Home Provider Name (if applicable) \_\_\_\_\_

Name of Contact at Provider \_\_\_\_\_ Phone \_\_\_\_\_

Jersey Size: (circle **ONE**) Y/S Y/M Y/L 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.): \_\_\_\_\_

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

Please list any additional Concerns: \_\_\_\_\_

Knowing the risks involved, I certify that I and/or my family (including any minor children), are capable of participating in The Miracle League/Fallenstein Field. In consideration of The Miracle League/Fallenstein Field providing this recreation opportunity to me and / or my family, I hereby waive, release and discharge all actions, claims and demands for personal injury and/or property damage that may hereafter occur against, The Miracle League/Fallenstein Field, its employees, agents or assigns. If an emergency arises, it might be necessary to seek care for your child/consumer before staff can get in touch with you. Such can be provided only if you sign the authorization below. Either the authorization or a statement of the reason for not allowing it should accompany this health form. By signing the form, you are authorizing the persons in charge of this program to permit a physician/hospital to administer emergency care and/or emergency/surgical care.

I hereby grant the Miracle League of North Mankato/Fallenstein Field, 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 of North Mankato. I hereby release and forever discharge the Miracle League of North Mankato 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 me, 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 North Mankato/Fallenstein Field 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.

***I have read, understand, and accept the terms and conditions stated herein and certify that all information on this form is true and to the best of my knowledge. Furthermore, I acknowledge that this agreement will be effective and binding.***

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Scholarships are available upon request please call (507)382-0724**

(No Adult League transportation is available for Fall League.)