The Miracle League of North Mankato 2019 Summer League Registration Form

Youth (ages 11-19) season: T	Suesdays June 11 th – August 13 th 6:15-7:15 p.m. Shursdays June 13 th – August 15 th 6:15-7:15 p.m. y and/or Wednesday, June 10 th – August 14 th 6:15-7:15 p.m.					
1 , 5 ,	registration fee to 127 S. 2nd St. Suite 120 Mankato, MN 56001 lease call (507)382-2106 or themiracleleguenm@gmail.com					
Name_						
First Last	Nickname					
Address	StateZip					
Phone	Alternative Phone					
E-mail						
Emergency Contact	Phone Number					
Provider Name	Name of Contact at Provider					
Phone						
Jersey Size: (circle ONE) (Youth) S M	L OR (Adult) S M L 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						
List any factors that may affect the participant's disability: (i.e. Heat, behavior, seizures, etc.):						
	Clinic/Hospital:					
Participant's Date of Birth:	Age					
Please list any additional Concerns:						

TRANSPORTATION (Adult League only	TRA	NSPOI	RTATION	(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 31st. Please call if registering after this date (507)382-2106)