

# 2022 Fall League Registration Form



**MINOR LEAGUERS (ages 5-19) season: Mondays, September 19th –October 17th at 6:00pm.**

**MAJOR LEAGUERS (19+) season: \*Mondays, September 19th –October 17th at 7:15pm**

**\*SPACE IS LIMITED AND ROSTERS WILL BE FILLED FIRST COME, FIRST SERVED.**

Once rosters are filled, additional registrations will be placed on a waitlist. If enough people are waitlisted, we will open an additional night for adults.

**Please complete, sign, and mail with \$35.00 registration fee to:  
Miracle League, PO Box 651, Mankato, MN 56002**

Name \_\_\_\_\_

First Last

Participant's Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: Male / Female

Parent/Provider/Guardian \_\_\_\_\_ Contact at Provider (if relevant) \_\_\_\_\_

Email to be used for communications from Miracle League \_\_\_\_\_

Preference for cancelation notifications (MUST ENTER ONE):

Email: \_\_\_\_\_ @ \_\_\_\_\_ or Text: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

(only if Parent/Provider/Guardian is unable to be reached)

Shirt Size:	YOUTH	YOUTH	ADULT	ADULT	ADULT	ADULT	ADULT
(circle ONE)	MEDIUM	LARGE	SMALL	MEDIUM	LARGE	XL	XXL

Name for back of shirt \_\_\_\_\_

Disability \_\_\_\_\_

Do you use any 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? \_\_\_\_\_

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

Physician: \_\_\_\_\_ Clinic/Hospital: \_\_\_\_\_

**\*\*\*WAIVER ON BACK MUST BE SIGNED!\*\*\***

**THIS PAGE MUST BE SIGNED:**

**WAIVER**

Knowing the risks involved, I certify that I and/or my child, dependent, or individual under my guardianship (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 or the City of North Mankato, 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 is first come, first served. Registrations received after rosters are full will be waitlisted. The final registration deadline is September 9, 2022. Registrations received after September 9<sup>th</sup> will not be accepted unless there is an open roster spot.

Please call 507-200-8333 with questions.