



2025 Fall League Registration Form  
Mondays September 8<sup>th</sup> – October 6<sup>th</sup> 6:00-7:00pm \$35 Registration Fee

First \_\_\_\_\_ Last \_\_\_\_\_

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

Participant's Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ Gender: Male / Female

Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent or Provider Name \_\_\_\_\_

Name of Contact \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact (if different than above) \_\_\_\_\_

Phone \_\_\_\_\_ Jersey Size: Youth S M L or Adult size 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, name of the person will be providing that support? \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Scholarships are available – please email Beth at [director.miracleleaguenm@gmail.com](mailto:director.miracleleaguenm@gmail.com) for more information or to request application:

**Payment Date:** \_\_\_\_\_ **Payment Method:** \_\_\_\_\_

## Miracle League of North Mankato

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

**Please complete, sign, and mail with registration fee to: MLNM, PO Box 651, Mankato, MN 56002. Scholarships are available upon request**  
[director.miracleleaguenm@gmail.com](mailto:director.miracleleaguenm@gmail.com)

Registration deadline is September 2, 2025