Dothan Miracle League
Spring 2012 REGISTRATION

For additional information please call: (334) 615-4740

Players Name _____ Home Phone _____

Street Address _____ City _____ County _____ State _____ Zip Code _____

Parent / Guardian _____ e-mail _____ Work or Contact Number _____

M/F_____ Birthday_____ Age_____ School_____

Diagnosis_____

Special Needs or Requirements_____

Current Prescription & Medications_____

Allergies _____

Primary Care/Physician & Phone Number _____

Wheelchair_____ Walker_____ Other_____

Last Year's Team _____ Buddy Request _____

Players Shirt Size 12-18 Months 18-24 Months 2T 3T 4T 5T Youth S M L XL (please circle one)

Players Shirt Size: Adult: S M L XL XXL XXXL (please circle one)

Copy of Birth Certificate Provided _____yes _____ no Insurance Information _____

FEES: ❑ **$30.00 Entry Fee Enclosed (Spring & Fall League)** ❑ **$25.00 Entry Fee Enclosed (Spring Only)**

❑ **$10.00 Entry Fee Enclosed (Fall League Only)** ❑ **$10 for Each Additional Participant Per Household**

I give authorization for my child _____ to participate in The Miracle League of Dothan, and do hereby release the league of any liability for injury that may occur while participating as a player or spectator during the season.

I hereby grant the Miracle League of Dothan, 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 Association. **I hereby** release and forever discharge the Miracle League Association 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 myself, 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 Dothan 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.

Signature_____ Signature_____

Participant Parent or Guardian of Minor

Mail Registration Form to: Dothan Leisure Services,
c/o Therapeutics
P.O. Box 2128, Dothan, AL 36302