



Miracle League of Joliet

player registration form

Fee is \$45. Please make check payable to Miracle League of Joliet

Player's Name

Name of Parent or Guardian

Player's Address

City State Zip

Player's Phone Number

Emergency Contact / Phone Number

Player's Age / Birth Date

Male / Female

Email Address

Child's Disability/Types of Assistance Needed:

Uniform Shirt Size: Youth

Small Medium Large

Uniform Shirt Size: Adult

Small Medium Large

Parent/Guardian Signature

Parent/Guardian Printed Name

***Please complete the following player release form and bio form!
Mail all three forms and check to:***

**Miracle League of Joliet
320 Water Stone Way, Suite 100
Joliet, IL 60431**



Miracle League of Joliet

player release form

Player's Name: _____

In consideration for the Miracle League of Joliet providing the opportunity for my child to participate in Miracle League baseball, the undersigned does hereby release and agree to indemnify and hold harmless the Miracle League of Joliet, the City of Joliet and/or Joliet Professional Baseball LLC, and each of their officers, directors, members, managers, employees, donors, volunteers, agents, successors, assigns and representatives, from any and all claims for personal injury, death, property damage, or any type of claim or damage (including but not limited to attorney's fees or litigation expenses) resulting from my child's activities in connection with participation in Miracle League Baseball or the participation of any family member or guest of the undersigned.

I assume all risks and hazards incidental to such participation in Miracle League games and activities and consent for my child to receive first-aid and/or emergency care by a qualified Emergency Medical Technician or physician or other person qualified to render medical assistance in the event my child suffers an injury during sanctioned games and activities.

I agree to provide my child's specific medical information to the Miracle League of Joliet so that appropriate precautions can be provided to my child during sanctioned games and activities. I/We agree to be present at all games and activities so that I/We can manage our child's specific needs. I agree to have any and all medication (prescription and nonprescription) for my child and shall be solely responsible for dispensing any such medication to my child.

Date Signed: _____

Parent / Guardian Signature: _____

I/We understand that there will be media and promotional coverage of the Miracle League of Joliet games and activities and I/We give our consent to publish my/our and my/our child's name and picture for such purposes.

Parent / Guardian Signature: _____



Miracle League of Joliet

player bio form

My Name is: _____

My birth date is _____ and I am _____ years old.

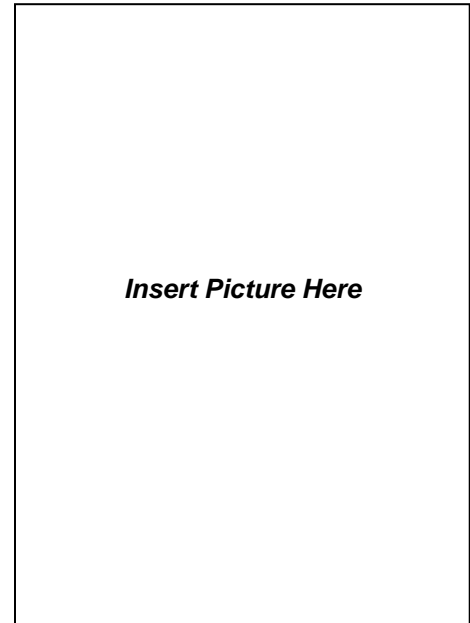
I attend _____ school in
(Name)

(City)

My phone # is _____

My email is _____

I have a (Physical/ and or Mental) disability called



Let me tell you a little bit about it.....

When playing baseball I really prefer.....

I need assistance with.....



There are certain things that might make me upset or uncomfortable.....

I really like to talk about.....

Interest and Hobbies.....
