



# Miracle League of Joliet

## player registration form

**Fee is \$45. Please make check payable to Miracle League of Joliet**  
Late fee of \$5.00 is charged after registration deadline

\_\_\_\_\_  
Player's Name

\_\_\_\_\_  
Name of Parent or Guardian

\_\_\_\_\_  
Player's Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Player's Home Phone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Player's Age and Birth Date

\_\_\_\_\_  
Male / Female

\_\_\_\_\_  
Email Address

Child's Disability/Types of Assistance Needed:

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

Uniform Shirt Size:

Youth:  Small  Medium  Large

Or

Adult:  Small  Medium  Large

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Parent/Guardian Printed Name

**Field located at 120 E Clinton St, Joliet, IL 60433**



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

## **Miracle League of Joliet**

### **player registration 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)

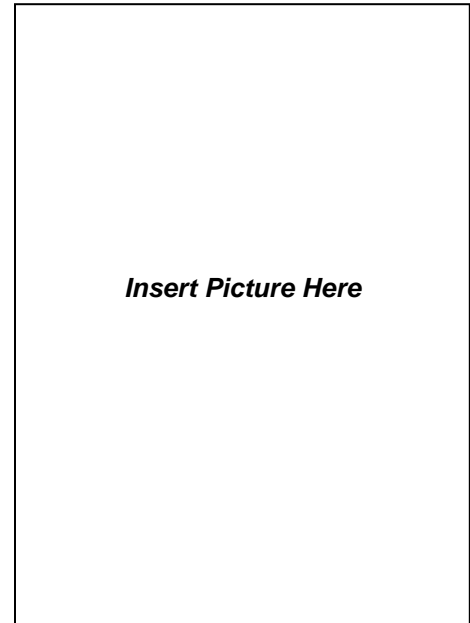
\_\_\_\_\_ (City)

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.....



---

---

---

---