



# Miracle League of Joliet

## volunteer registration form

\_\_\_\_\_  
Volunteer's Name

\_\_\_\_\_  
Volunteer's Age / Birth Date

\_\_\_\_\_  
Address

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

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

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

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

\_\_\_\_\_  
Shirt Size-Circle one  
YM YL AdS Ad LG Ad XL Ad 2XL

I am interested in being a:

Coach  Buddy  Team Mom  Volunteer

I have \_\_\_\_\_ years with:

Youth Sports  Baseball  People with Disabilities

Other Special Qualifications or Certification:

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

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

***Please complete the following forms:  
volunteer form  
applicable volunteer release form  
background authorization form***

***Mail or fax to:***

**Miracle League of Joliet  
320 Water Stone Way, Suite 100  
Joliet, IL 60431  
Fax 815-744-9482**



# Miracle League of Joliet

## volunteer release form for volunteer under the age of 18 years

Volunteer'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, 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.

Date Signed: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_

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

Parent / Guardian Signature: \_\_\_\_\_



# Miracle League of Joliet

## volunteer release form for volunteer age of 18 years or older

Volunteer's Name: \_\_\_\_\_

In consideration for the Miracle League of Joliet providing the opportunity for me 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 Profession 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 I suffer an injury during sanctioned games and activities.

Date Signed: \_\_\_\_\_

Volunteer: \_\_\_\_\_

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

Volunteer: \_\_\_\_\_



## Miracle League of Joliet

### Coaches/volunteers criminal background acknowledgment, waiver and authorization

(Print) Last Name	First Name	Middle Name	Social Security Number	
Street Address (no post office box)		City	State	Zip
Sex	Race	Date of Birth	Driver's License Number and State	

I further state and authorize as follows:

1. I state that the information provided above and throughout the application and screening process is true and accurate and I understand that it will be relied upon by Miracle League of Joliet.
2. I authorize Miracle League of Joliet, its staff and its agents, to investigate my background, health, character and personal history in any manner that it seems fit and I further authorize all persons, companies, schools, law enforcement agencies and other government agencies to release to Miracle League of Joliet all information concerning such subjects and otherwise concerning my suitability to become a volunteer or coach. I understand that this may include, without limitation, a criminal background check through the Illinois State Police or other law enforcement agencies and a Driving Record check through the Illinois Secretary of State's office. I also understand that this information will be used to determine my eligibility to be a volunteer or coach with Miracle League of Joliet. I understand that if I remain a coach or volunteer, Miracle League of Joliet will conduct follow-up checks on an annual basis while I remain a coach or volunteer.
3. I, for myself and my heirs, executors and administrators, hereby release and forever discharge 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, and all other persons, companies, schools, law enforcement agencies and other government agencies and their respective employees, agents and related parties, from any and all causes of actions, suits, liabilities, costs, claims, sums of money and expenses of any kind resulting from or related to Miracle League of Joliet investigation of me.
4. I give permission for any person involved with Miracle League of Joliet to review all information contained in my file for the purpose of matching, evaluation, program audit, staff training and other purposes reasonably related to the operation of Miracle League of Joliet.
5. I understand that Miracle League of Joliet will keep information obtained about me confidential to the extent possible and as required by law, and will not release such information except as required by law, authorized in paragraph 3 above, authorized by me in writing.
6. I consent to the use of my name, photograph and likeness and identifying information in print, video, and photographs for publicity and promotion of Miracle League of Joliet.
7. I understand that as a Miracle League of Joliet volunteer or coach, I am required to notify Miracle League of Joliet if any changes in the information that I have provided during the application and screening process or that may alter my ability to service in the capacity for which I have applied.
8. I understand that Miracle League of Joliet reserves the right to reject me as a candidate or end my relationship with Miracle League of Joliet for any reason that Miracle League of Joliet, in its sole discretion, determines, and it is not required to notify me of the reason.
9. A copy of this document may be used in place of an original.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**