

The Miracle League of Plymouth – Spring 2018 - (Spring Season Only) Registration Form

****Note: We can no longer accept late registrations for baseball due to insurance restrictions. Please be sure to register your player before the end of the registration periods noted below.****

Last Day of Registration is: March 23, 2018 at 4:00pm

Recreation Office Counter Hours - Monday-Friday, 11:30am – 4:00pm

Mail to: City of Plymouth Recreation, 525 Farmer, Plymouth, MI 48170 **Office:** 734-455-6620, Fax: 734-453-1132

Fee: \$60.00* Please make checks payable to: The City of Plymouth

***Refunds will be given up to the last day of registration. After registration closes, a \$20 administrative fee will be applied to the refund.**

Household / Primary Adult Contact: _____

Address: _____ **City/Township:** _____ **Zip:** _____

Primary Phone: (____) _____ **Household E-Mail:** _____

Secondary Adult Contact: _____ **Secondary Phone:** (____) _____

Participants Name: _____

Birth Date: ____/____/____ **Male** **Female**

Please Circle Shirt Size: YS YM YL AS AM AL AXL AXXL

Do you have any requests? (Not guaranteed) _____

Please Check the Age Division the Participant is playing in. All Divisions are Co-Ed.

____ 5 to 12 years old - #416802-01

____ 13 years and older - #416804-01

**PLEASE COMPLETE THE ATTACHED WAIVERS
FOR REGISTRATION**



2018 PLAYER RELEASE FORM

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Player's Name _____

In consideration for The Miracle League of Plymouth providing the opportunity for my child to participate in officially sanctioned baseball games played at The Bilkie Family Field, including pre-game and post-game activities (hereinafter "Miracle League Games"), the undersigned does hereby **release and agree to indemnify and hold harmless** The Miracle League of Plymouth and its officers and directors from any and all claims for personal injury, death, property damage, or any type of claim or damage (including but not limited to attorney fees or litigation expenses) resulting from my child's activities in connection with participation in Miracle League Games or the participation of any family member or guest of the undersigned.

I understand that there are certain risks and hazards involved in participating in Miracle League Games that may result in injury or death, including, but not limited to, those hazards associated with weather conditions, playing conditions, equipment and other participants. The very nature of Miracle League Games is hazardous and risky, including, but not limited to, the acts of pitching, throwing, fielding and catching of the ball, the swinging of the bat, running, jumping, stretching, sliding, diving, and collisions with other participants and with stationary objects, all of which can cause serious injury or death. I voluntarily elect to accept and assume all risks and hazards incidental to such participation in Miracle League Games on my behalf and on behalf of my child 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 Plymouth so that best efforts can be taken to provide appropriate precautions and care to my child during Miracle League Games, but I fully understand and realize that it may not be possible and in no event is it the responsibility or liability of The Miracle League of Plymouth to assure that the appropriate precautions or care are provided for my child's needs before, during or after Miracle League Games.

I understand that my child must be accompanied by a parent, legal guardian, or other authorized responsible adult in order for my child to be permitted to participate in Miracle League Games and that my child will not be permitted to participate in Miracle League Games if a parent, legal guardian, or other authorized responsible adult leaves the grounds at any time. 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.

I understand, consent, and agree that any coach or other authorized representative of The Miracle League of Plymouth shall have the right, in his or her sole discretion, to remove my child from The Bilkie Family Field if the health and/or behavior of my child warrants removal for his or her own safety and/or for the safety of other participants and volunteers at Miracle League Games.

Parent/Guardian Signature: _____

Date: _____

Relationship to Child: _____



2018 PLAYER RELEASE FORM

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Player's Name _____

I/We understand that there will be media and promotional coverage of Miracle League Games; give our consent to publish my/our child's name and picture for such purposes (including myself and my family); and grant The Miracle League of Plymouth, its affiliates, franchises, advertising and promotional agencies, and their agents, the irrevocable, unrestricted right to use, publish, display and distribute materials bearing the name, voice, likeness or any other identifiable representation of myself and my family members, including my Miracle League of Plymouth 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 identifiable representation of myself and my family members, including my Miracle League of Plymouth player/child, (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 of Plymouth.

I hereby release and forever discharge The Miracle League of Plymouth from any and all liability and damages relating to the name, voice, likeness or any identifiable representation of myself and my family members, including my Miracle League of Plymouth player/child, and I waive any right I may have to inspect or approve the finished materials or any part or element thereof that incorporates the name, voice, likeness or any other identifiable representation of myself and my family members, including my Miracle League player/child. I have agreed to the above in consideration of the opportunity given to me and my family members, including my Miracle League of Plymouth player/child, by The Miracle League of Plymouth to appear in these materials.

Parent/Guardian Signature: _____

Date: _____

Relationship to Child: _____