



Contact: Laynna Badgett
miracleleagueict@gmail.com

Wichita, KS

www.miracleleagueict.com

Players Name _____ Best Contact Number _____

Street Address: _____ City _____ State _____ Zip Code _____

Parent / Guardian _____ e-mail _____

M/F _____ Birthday _____ Age _____ School/District _____

Diagnosis	Special Needs or Requirements:
_____	_____
_____	_____
_____	_____

Wheelchair ___ Walker ___ Other ___

Players Shirt Size: **Youth** S M L **OR Adult:** S M L XL **(please circle one)**

Do you have a "Angel in the Outfield" (buddy) you would like to be matched your child (parent/sibling/etc.) Yes ___ No ___ **("Angels" MUST be at least 10 years of age).**

*****Please note, our volunteers are not all trained in behavioral interventions and can be as young as 10 years old. If your child has behavioral needs, PLEASE sign up to be their "Angel". If you don't and our volunteers are unable to manage their behaviors they will not be able to participate.**

If yes, please provide their first and last name _____
(This volunteer MUST register as a "Angel" using the Angel Registration Form on the ML website; Even if it is the player's family member.)

Current Prescription and Medications _____

Allergies _____

Primary Care / Physician and Phone Number: _____



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I give authorization for my child _____ to participate in the Miracle League of Wichita, KS/the City of Wichita Parks and Recreation, and do hereby release 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 Wichita/the City of Wichita Parks and Recreation, 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 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 of Wichita. I hereby release and forever discharge the Miracle League of Wichita/City of Wichita Parks and Recreation 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 me or my family including the league player/child. I have agreed to the above in consideration of the opportunity given to me by the Miracle League of Wichita/City of Wichita Parks and Recreation 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.

Name _____ Signature _____

Name of Parent or Guardian (please print) _____

For Liability Release questions, please contact: miracleleagueict@gmail.com