



# Jacksonville Miracle League BUDDY REGISTRATON FORM



For additional information please call: (904) 442-8888  
Or visit our website: [www.JacksonvilleMiracleLeague.org](http://www.JacksonvilleMiracleLeague.org)

Buddy Name		Today's Date		Home Phone	Cell Phone
Street Address			City	State	Zip Code
M/F	Birth Date	Age	Lives with (mom, dad, both, guardian, other)		School
Parent / Guardian (if you are under 18)			Home Phone	Cell Phone	E-mail Address
Parent / Guardian (if you are under 18)			Home Phone	Cell Phone	E-mail Address

Buddy T-Shirt Size: Youth: S M L Adult: S M L XL 2XL 3XL 4XL (please circle one)  
(Buddy shirts will be provided while supplies last)

**Release of Liability:** In consideration for the Jacksonville Miracle League, Inc. 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 Jacksonville Miracle League, Inc., their officers, directors, organizers, sponsors, agents, insurers, supervisors, participants, volunteers and the City of Jacksonville from any and all claims for personal injury, death, property damage, or any type of claim or damage whether the result of negligence or for any other cause (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 Jacksonville Miracle League, Inc. so that appropriate precautions and care 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/We 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.

**Media Release:** I hereby grant the Jacksonville Miracle League, 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 Miracle League 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 Jacksonville Miracle League. I hereby release and forever discharge the Jacksonville Miracle League 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 thereof that incorporate my name, voice, likeness or any other identifiable representation of myself, my family including, my Miracle League player/child.

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.

Buddy Name (please print)	Signature (if Buddy is 18 or older)
Name of Parent of Guardian (please print)	Signature of Parent or Guardian

\*For office use only: Team \_\_\_\_\_ Player assigned \_\_\_\_\_ Reg Fee \_\_\_\_\_ MR \_\_\_\_\_  
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