



**West Metro Miracle League  
 SPRING 2009 PLAYER REGISTRATION FORM  
 (May 2, 2009 – June 28, 2009)**

Player Name	Nickname	Male / Female <small>(circle one)</small>	Age	
Parent/Guardian Name	Address	City	State	Zip Code
Home Telephone Number	Cell Phone Number (Optional)			
Email Address	Emergency Contact & Telephone Number			
Player Shirt Size (circle one):    Youth:   S   M   L   XL <b>OR</b> Adult:   S   M   L   XL   XXL				

**MY CHILD WOULD LIKE TO PLAY ON THE SAME TEAM AS (Please list if applicable):**

\_\_\_\_\_

**OTHER INFORMATION (Please check if applicable):**

- I will be providing my child's own buddy (Buddy's name \_\_\_\_\_).
- I would like the organizers of this team to provide a buddy to be on the field with my child.
- I would be interested in being a coach or an announcer / umpire (circle one).

I give authorization for my above-named to participate in the West Metro Miracle League. I know that participation in baseball may result in serious injuries, and protective equipment does not prevent all injuries to players, and I do hereby waive, release, absolve, indemnify, and agree to hold harmless the West Metro Miracle League, Bennett Family Park and the City of Minnetonka, their organizers, sponsors, agents, insurers, supervisors, participants, and volunteers, from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.

I hereby grant the West Metro 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 West Metro Miracle League. I hereby release and forever discharge the West Metro 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.

**By signing below, I acknowledge that I have fully read and understand this document and that I have had 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.**

Signature of Parent/Guardian : \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

**PLAYER REGISTRATION FEE:** \$35.00                      Make Checks Payable to: *West Metro Miracle League*

*Please Mail Completed Form and \$35 Registration Fee To:  
 West Metro Miracle League, 18025 Cynthia Dr. Minnetonka, MN 55345*