



2025 PLAYER REGISTRATION FORM

Age Groups

12 and under – Saturday Morning Games

13 – 17 Saturday Morning

18 and up - Friday Evening

(FEE: \$50.00)

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(Player's First Name)

(Player's Last Name)

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(Name on Back of Jersey)

Date of Birth: _____ Age: _____ Parents / Guardians' Full Name: _____

E-Mail: _____ Mailing Address: _____

_____ City / State / Zip

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Player's Disability / Types of Assistance Needed **Coach Requested (as available)**

Uniform Shirt Size: (*Circle One*) (Youth) Small Medium Large

 (Adult) Small Medium Large X-Large XX-Large

Please read and sign the following: As a parent / guardian I understand that I am to stay on the premises during my players' games and practices. I have read the Expectations of Play and will comply with that set forth by the MLP Board of Directors. I also agree to participate in all MLP fundraisers (selling) in order to help maintain our affordable registration fees.

Signature of Parent / Guardian

Make checks payable to: Miracle League of Pensacola / PO Box 567 Cantonment, FL 32533



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Revised 2023

PLAYER RELEASE FORM

Player's
 Name _____ Address _____ TEL _____

In consideration for the Miracle League of Northeast Pensacola, Inc. providing the opportunity for my child to participate in the Miracle League Baseball, the undersigned does hereby release and agree to indemnify and hold harmless the Miracle League of Northeast Pensacola, Inc. 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'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 Miracle League of Northeast Pensacola, 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 agree to have any and all medication (prescription and non-prescription) for my child and shall be solely responsible for dispensing any such medication to my child.

We agree to abide by all of the COVID-19 policies put in place and release Miracle League of Pensacola from all liability for unintentional exposure or harm due to COVID-19.

Parent/Guardian
 Signature _____ Date _____

I/We understand that there will be media and promotional coverage of Miracle League Games and activities and I/We give our consent to publish my/our child's name and picture for such purposes. I hereby grant the Miracle League Association, 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 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 Association. I hereby release and forever discharge The Miracle League Association from any and all liability and damages relating to my name, voice, likeness or any identifiable representation of me. I hereby waive any right I may have to inspect or approve the finished materials or any part of element thereof that incorporates my name, voice, likeness or any other identifiable representation of myself, my family, including my Miracle League player/child. I have agreed to the above in consideration of the opportunity given to me by the Miracle League Association to appear in these materials.

Parent/Guardian
 Signature _____ Date _____

League Use Only: Amount _____ Check # _____ Cash _____

Releases Signed _____ Scholarship _____ Age Group Assigned _____

Team Assigned _____ Uniform Size _____ Jersey Number _____