



# Dothan Miracle League PLAYER REGISTRATION



For more information, contact: James McCord (334) 596-1642 or email dothanmiracleleague@gmail.com

\_\_\_\_\_  
Players Name Home Phone \_\_\_\_\_

\_\_\_\_\_  
Street Address City County State Zip Code

\_\_\_\_\_  
Parent / Guardian e-mail Work or Contact Number

M/F \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Diagnosis \_\_\_\_\_

Special Needs or Requirements \_\_\_\_\_

Current Prescription & Medications \_\_\_\_\_

Allergies \_\_\_\_\_

Primary Care/Physician & Phone Number \_\_\_\_\_

Wheelchair \_\_\_\_\_ Walker \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
Last Year's Team Buddy Request

\_\_\_\_\_  
Players Shirt Size 12-18 Months 18-24 Months 2T 3T 4T 5T Youth S M L XL (please circle one)

\_\_\_\_\_  
Players Shirt Size: Adult: S M L XL XXL XXXL (please circle one)

**Insurance Information** \_\_\_\_\_ **(please provide proof of insurance)**

- FEES:**    \$25.00 Entry Fee Enclosed
- \$10 for Each Additional Participant per Household

I give authorization for my child \_\_\_\_\_ to participate in The Miracle League of Dothan, and do hereby release the league 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 Dothan, 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 Miracle League Association. **I hereby** release and forever discharge the Miracle League Association from 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 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 of Dothan 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.

Signature \_\_\_\_\_ Signature \_\_\_\_\_  
Participant Parent or Guardian of Minor

**Mail Registration Form to: Dothan Leisure Services,  
C/o Therapeutics  
P.O. Box 2128, Dothan, AL 36302**