

**West Metro Miracle League
 SPRING 2010 PLAYER REGISTRATION FORM
 (May 1, 2010 – June 28, 2010 + Fall Ball TBD)**

| | | | |
|---|--------------------------------------|-------------------------------|-------|
| Player Name | Nickname | Male / Female (circle one) | Age |
| Parent/Guardian Name | Address | City | State |
| Home Telephone Number | Cell Phone Number (Optional) | | |
| Email Address | Emergency Contact & Telephone Number | | |
| Player Shirt Size (circle one): Youth: S M L XL OR 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 any that apply!).

I give authorization for my above-named to participate in the West Metro Miracle League (WMML). 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 WMML, 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 WMML, 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 WMML. I hereby release and forever discharge the WMML 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 give WMML, Bennett Family Park and Lifetouch Inc. their affiliated organizations, licensees and assigns (collectively "Permitted Entities") irrevocable permission to copy, use or publish images and/or narrative (collectively "Images") of my child named below, individually or in a group, in whole or in part, without restriction, with my child's own or a fictitious name, through any means of communication (including but not limited to video, film, displays, , print media, broadcast, television and the Internet) at any place for any lawful purpose whatsoever. By giving permission to use the Images, I waive any right to approve the Images, product or copy that may be used in connection therewith, or the use to which it may be applied. I acknowledge that Lifetouch owns the copyright in the Images. I have read this release and understand its contents. I warrant that I am the parent or guardian of a named minor child with the legal authority to sign this Release and consent to the terms.

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: _____

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| PLAYER REGISTRATION FEE: | \$50.00 before March 24 th \$60.00 after March 25 th Scholarships available upon request 10% discount for multiple family members | Make Checks Payable to: West Metro Miracle League |
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Mail completed form and registration fee to West Metro Miracle League, 18025 Cynthia Dr. Minnetonka, MN 55345