



Dear Parent/Guardian,

“The Jacksonville Miracle League” is a charitable organization that provides children and adults with mental and/or physical challenges an opportunity to play baseball. There is something about playing the game of baseball that light up youngsters’ eyes. For children and adults facing special challenges, however, that opportunity can often be a difficult. The Jacksonville Miracle League provides these individuals the opportunity to get out in the sunshine and enjoy playing the game of baseball in its purest form.

These kids and adults needed a place to play so a specially equipped field called the “Field of Dreams” was built. This custom designed venue incorporates a cushioned synthetic turf that accommodates wheelchairs and other walking assistance devices, while helping prevent injuries. In other words, it provides a level-playing field where individuals with special needs can hit, run, and catch- just like the best of them.

During each Miracle League game, every player is given an opportunity to hit the ball and score a run. Jacksonville Miracle League team members are assigned Buddies who assist them in hitting the ball, “running” the bases, catching and throwing.

The Jacksonville Miracle League wants to give your loved one the chance to play baseball! Please visit our web site www.JacksonvilleMiracleLeague.org and complete an application. You may also download an application and mail or fax it to the location or number below. The “Field of Dreams” is located at McGirts Creek Park, 8435 118th Street, on the Westside of Jacksonville.

Mail form(s) to: Jacksonville Miracle League
PO Box 442339
Jacksonville, FL 32222 OR Register Online

The Jacksonville Miracle League is always looking for people to participate in our “Buddy” program. If you, or a friend, relative, neighbor, fellow church member or co-worker, is interested in participating, we would love to have you. The assistance of our “Buddies” is crucial in ensuring a fulfilling and memorable season for the players.

We look forward to watching your loved one participate in The Jacksonville Miracle League. Should you have any questions, please feel free to call me at any time. You can reach me at (904)442-8888 or visit us at www.JacksonvilleMiracleLeague.org.

Sincerely,

Cary Hanson

President
Jacksonville Miracle League

Registration
Fee \$55

PLAYER REGISTRATON FORM

(you may also register online)



For additional information please call: (904) 442-8888 or visit our website:
www.JacksonvilleMiracleLeague.org

Player 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 / Group Home

Parent / Guardian Home Phone Cell Phone E-mail Address

Parent / Guardian Home Phone Cell Phone E-mail Address

Other:

Special Needs or Requirements

Wheelchair Walker

Player Shirt Size: Youth S M L Adult: S M L XL 2XL 3XL _____

Player Hat Size: Youth / Adult Name on Shirt Number on Shirt (give 3 choices)

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 agree to participate in all league approved fund raisers: **Initials:** _____

I understand and agree that prior to receiving a uniform I must pay the registration fee: **Initials:** _____

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.

Player Printed Name

Signature (if Player is 18 or older)

Name of Parent of Guardian (please print)

Signature of Parent or Guardian

*For office use only: Team _____ Buddy assigned _____ Reg Fee _____ MR _____
form:1.7

Mail completed form(s) to: Jacksonville Miracle League – PO Box 442339 Jacksonville, FL 32222



Player's Medical History and Physician Information:

Player's Name

Date of Birth

Home Address

City

State

Zip Code

Names of Parents/Guardians

Emergency Contact person if Parents or Guardian are not available

Relationship to player

Home Phone

Cell Phone

Emergency Contact person if Parents or Guardian are not available

Relationship to player

Home Phone

Cell Phone

Medical Information:

Medical Diagnosis

Seizures: no yes Tetanus Shot: no yes, date of last shot: _____

If yes, are seizures controlled by medication? _____ Date of last seizure: _____

Medications player is currently taking (if needed, attached list)

Please indicate if the player has a problem and/or surgeries in any of the following areas by checking YES or NO. If YES please comment:

AREA	NO	YES	COMMENT
Auditory			
Visual			
Speech			
Circulatory/Cardiac			
Pulmonary/respiratory/asthma			
Neurological			
Muscular			
Orthopedic			
Allergies			
Learning Disability			
Mental Impairment			
Psychological Impairment/behavioral			
Other			

