



A Non-Profit Tax Exempt Organization  
Baseball for Individuals with Special Needs

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 lights up youngsters’ eyes, but for children and adults facing challenges, that opportunity can often be a difficult first step. The Jacksonville Miracle League gives 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 needs your help to give our special players the chance to play baseball! **Please fill out the application attached and mail back to us or drop it off on Saturdays as soon as possible.** The “Field of Dreams” is located at 8435 118<sup>th</sup> street, Brantley Park on the Westside of Jacksonville.

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

We look forward to your participation in The Jacksonville Miracle League. Should you have any questions, please feel free to call (904) 442-8888 at any time or visit us at [www.JacksonvilleMiracleLeague.org](http://www.JacksonvilleMiracleLeague.org).

Sincerely,

Cary Hanson

President  
Jacksonville Miracle League

Jacksonville Miracle League - PO Box 442339 Jacksonville, Florida 32222 - Tele: (904) 442-8888

501(c)(3) Tax Exempt - 509(a)(1) Public Charity - Tax ID: 14-2003350 [www.JacksonvilleMiracleLeague.org](http://www.JacksonvilleMiracleLeague.org)

## Jacksonville Miracle League BUDDY REGISTRATON FORM



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

\_\_\_\_\_  
Buddy 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

\_\_\_\_\_  
Parent / Guardian (if you are under 18) Home Phone Cell Phone E-mail Address

\_\_\_\_\_  
Parent / Guardian (if you are under 18) Home Phone Cell Phone E-mail Address

Buddy T-Shirt Size: Youth: S M L Adult: S M L XL 2XL 3XL 4XL (please circle one)

**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 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.

\_\_\_\_\_  
Buddy Name (please print) Signature (if Buddy is 18 or older)

\_\_\_\_\_  
Name of Parent of Guardian (please print) Signature of Parent or Guardian

\*For office use only: Team \_\_\_\_\_ Player assigned \_\_\_\_\_ Reg Fee \_\_\_ MR \_\_\_  
form:1.7

**Jacksonville Miracle League**  
**BUDDY AUTHORIZATION FOR EMERGENCY CARE**



**20\_\_\_ Spring / Fall SEASON**

Buddy Name \_\_\_\_\_ Age \_\_\_\_\_

In case of an accident or serious illness and the Jacksonville Miracle League is unable to reach me, I hereby authorize the league to contact the physician indicated below and follow his or her instructions. If it is impossible to contact this physician, the Jacksonville Miracle League may make whatever arrangements are necessary to provide care and treatment for my child.

In case of an accident or serious illness where immediate treatment of my child is not indicated but where he or she is unable to remain at the Jacksonville Miracle League activity, the coach will contact me to arrange transportation for my child. If the Jacksonville Miracle League is unable to contact me, I authorize the league to contact one of the persons listed below and request them to come to the activity and transport my child home.

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE (if under 18)

\_\_\_\_\_  
DATE

**PARENT/GUARDIAN INFORMATION** (if over 18 you may skip)

Parent or Guardian Name	Home Phone	Cell Phone	Work Phone
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Home Address	City	State	Zipcode
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Parent or Guardian Name	Home Phone	Cell Phone	Work Phone
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Home Address	City	State	Zipcode
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**EMERGENCY CONTACT INFORMATION**

**Persons to contact for me in case of emergency or illness if Parent or Guardian cannot be reached**

Emergency Contact person if Parents or Guardian are not available	Relationship to Buddy	Home Phone	Cell Phone
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Emergency Contact person if Parents or Guardian are not available	Relationship to Buddy	Home Phone	Cell Phone
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**PHYSICIAN INFORMATION**

Primary Care Physician's Name	Phone Number
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Record of any operation, injury, or major illness this child has had in the past 12 months with approximate dates

DATE \_\_\_\_\_

DATE \_\_\_\_\_