



## The Carolina Miracle League Coach Registration Form Spring 2012

The Carolina Miracle League will host a Spring and Fall league  
Games will be played over 7-8 weeks depending on season are played on Monday (Majors) or Thursdays (Minors)

Name \_\_\_\_\_ M/F \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Mailing address *Street* \_\_\_\_\_ *City* \_\_\_\_\_ *Zip* \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Number \_\_\_\_\_

Email address \_\_\_\_\_ Rain cancellation number \_\_\_\_\_

Emergency contact name & number \_\_\_\_\_

Circle uniform size: Youth S M L XL Adult S M L XL XXL XXXL XXXXL

### Responsibilities for a Carolina Miracle League Coach

The coach will coordinate team activities  
Ensure that each player has a uniform packet  
Communicate all information to the player and families  
Provide line-up to announcer and Team Mom  
Demonstrate enthusiasm, love and concern for each player and family  
Demonstrate high morals and integrity on and off the field  
Arrive at field 30 minutes before game time

I understand the importance and responsibilities of being a Coach *signed* \_\_\_\_\_

Your registration is complete when you have filled out this page AND completed the release form AND the background check form

All 3 forms are required to be sent to Carolina Miracle League

Mail forms to Carolina Miracle League, 530 Old Converse Road, Spartanburg, SC, 20307

Questions call 864-579-1805

[www.carolinamiracleleague.org](http://www.carolinamiracleleague.org)

## The Carolina Miracle League Release Form

Coach Name \_\_\_\_\_ M/F \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

I give authorization to the above listed person to participate in the Carolina Miracle League. 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 Carolina Miracle League, and their organizers, sponsors, agents, insurers, supervisors, participants, and volunteers from any claim arising out of any injury to my child whether the result of negligence or for any other cause.

I hereby grant the Carolina Miracle League, its affiliates, franchises, and 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 Carolina Miracle League player. 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 photographs, files, prints, or tapes) shall be and remain the sole and exclusive property of the Carolina Miracle League. I hereby release and forever discharge the Carolina 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 incorporates my name, voice, likeness, or any other identifiable representations of myself, my family including my Carolina Miracle League player.

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 a least 18 years of age, unless this document is also signed by my parent or legal guardian.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Registration is complete when you have filled out this page AND the registration form AND background check form

Mail all 3 forms to Carolina Miracle League, 530 Old Converse Road, Spartanburg, SC, 29307



# The Carolina Miracle League Coach Criminal Background Check

By the undersigned person's signature below, the undersigned person acknowledges the truth and accuracy of the following facts, and further acknowledges that the State Law Enforcement Division (SLED), including, but limited to it's officers, employees, deputies and agents, is relying on the truthfulness and accuracy of the information provided below in its performance of the Criminal Record check of the undersigned person.

The undersigned person hereby authorizes The Carolina Miracle League to receive a copy of any criminal history which may be in the files of any State or local criminal justice agency.

The undersigned person further understands that SLED will conduct a criminal record check of the undersigned person through the South Carolina Criminal Information Center.

The undersigned person further understands that similar criminal record checks may be run in states other than South Carolina by the appropriate state agency based on previous addresses and locations of residency of the undersigned applicant.

By the undersigned applicants signature below, the undersigned person specifically gives his/her consent for SLED to conduct criminal record checks of the undersigned person through the agencies listed above.

By the undersigned signature below, the undersigned applicant swears under the penalty of perjury that the information provided herein below regarding the undersigned person is true and correct to the best of the undersigned person's knowledge and belief.

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<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
<b>Street Address</b> _____	<b>City</b> _____	<b>Zip</b> _____
<b>Home phone</b> _____	<b>Cell number</b> _____	
<b>Email address</b> _____		
<b>Date of Birth</b> _____		
<b>Social Security Number</b> _____		
<b>Signature</b> _____		

