



Deadline: January 27, 2025 Registration Fee: \$45

The CML does not accept request for coaches or teams
All players must be 6 years of age at the start of each season

Monday-Adults-age 21 & up, Tuesday-age 12 & up, Wednesday-Majors/higher skills, Thursday-Minors-age 6-11

Player Name	M/F	DOBAge
Mailing address <i>street</i>	city	zip
Home Phone	Cell Number	Text Yes   No
Email Address		
Contact name		
Circle equipment utilized by player: Wheel	chair   Walker   Stroller   Crutches   AFO's	Other
Circle disability classification Intellectually o	lisabled   Visually impaired   Hearing impair	ed   Autism   Down Syndrome
Cerebral Palsy   Other		
Primary Care Physician		
Medication taken		
School, Day Program or Employment player	attends	
Circle player uniform size Youth S M L X	L Adult S M L XL 2X 3X 4X	
Circle hat size Youth   Adult   Don't want one		
One friend player would like to play with		
Circle how you can help: Coach   Assistant C	coach   Bench Coach   Team Sponsor	
For our special brand of baseball to be succ 1 Team Sponsor per team (\$500). Coaches of office		

Please sign Release Form on the back of this form

## The Carolina Miracle League Release Form

Player Name	M/F	DOB	Age
I give authorization to the above listed p may result in serious injuries and that there are n hereby waive, release, absolve, indemnify, and a Carolina, and their organizers, sponsors, agents injury to my child or me whether the result of neg	numerous risks for injuries to pla gree to hold harmless the Caroli s, insurers, supervisors, particip	yers and even potent na Miracle League, tl	tially to spectators, nonetheless I he County of Spartanburg, South
I hereby grant the Carolina Miracle Leag the irrevocable, unrestricted right to use, publish identifiable representation of myself, my family m form, style, color or medium whatsoever (includin drawings, prints, broadcast, internet and electro (including without limitation, all negatives, plates exclusive property of the Carolina Miracle League liability and damages relating to the use of my na I may have to inspect or approve the finished mat other identifiable representations of myself, my fa	n, display and distribute materia nembers including my Carolina M ng, without limitation, photograp inic media). I agree that all mate s, and masters of photographs, fi e. I hereby release and forever ime, voice, likeness or any other terials or any part or element the	Is bearing my name, was bearing my name, was been been been tapes, films and idea to containing any ideas, prints, or tapes) discharge the Carolin identifiable represerereof that incorporate	voice, likeness or any other  f. These materials may appear in any s, sound recordings, software, lentifiable representation of me shall be and remain the sole and ha Miracle League from any and all htation of me. I hereby waive any right
I acknowledge that I have fully read and meaning of its terms answered to my satisfaction parent or legal guardian.			
Date			
Player Signature (if 18 years of age or older)			
Parent/Guardian Signature (if player is under 18	years of age)		

Registration is complete when you have filled out this page AND the registration form  $\,$ 

Make check payable to Carolina Miracle League

The Carolina Miracle League 828B East Main Street Spartanburg, SC 29302 864-641-7739 | pdean@carolinamiracleleague.org carolinamiracleleague.org