



## Registration Form

Contact: Steel Morris & (714) 713-2512  
Email us: [info@OCMiracleLeague.com](mailto:info@OCMiracleLeague.com)

**No Registration Fees** (Includes Uniform, Cap, Trophy, Pictures and Insurance)

**AGES: 4 years and older**

Player's Name		Home/Cell Phone		
Street Address	City	State	Zip Code	
Parent/Guardian		Email Address		
Sex M/F		School or Program		
Birthdate	Age	Special Requirements	Wheelchair/Walker	Other

**Players Shirt Size (Circle 1): Youth: S M L XL Adult: S M L XL XXL**

**I give authorization for my child \_\_\_\_\_ to participate in the Miracle League of Orange County and do hereby release MLOC from any liability due to injury that may occur while participating as a player or spectator during the season. \_\_\_\_\_ (Initial Here)**

**I hereby** grant the Miracle League of Orange County, 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 Miracle League. **I hereby** release and forever discharge the 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 there of that incorporates my name, voice, likeness or any other identifiable representation of myself, my family including my Miracle League player/child. **I have agreed** to the above in consideration of the opportunity given to me by The Miracle League of Orange County to appear in these materials. 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.

Signature of Parent or Guardian \_\_\_\_\_

**Email Registration Form to: [info@OCMiracleLeague.com](mailto:info@OCMiracleLeague.com)  
or Mail to: 6231 Apache Road, Westminster, CA 92683**