



OF WARREN COUNTY AND GREATER DAYTON

**FALL 2009 REGISTRATON**

Please make checks or money orders payable to  
*YMCA of Greater Dayton and mail check and  
form to: 88 Remick Blvd. Springboro, OH 45066*

For additional information please call: 937-886-2844

**Registration: July 31<sup>st</sup> to September 5th**

**Opening Day: Saturday September 19th**

**FEES: Warren County resident \$10**

**Non-Warren County resident \$30**

- \* Interested in Coaching \_\_\_\_\_
- \* Interested in Sponsorship \_\_\_\_\_
- \* Interested in being a buddy \_\_\_\_\_

Players Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent / Guardian \_\_\_\_\_ e-mail \_\_\_\_\_ Work or Contact Number \_\_\_\_\_

M/F \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Diagnosis \_\_\_\_\_

Special Needs or Requirements (*See back of page*) \_\_\_\_\_

Wheelchair \_\_\_\_\_ Walker \_\_\_\_\_ Other \_\_\_\_\_

Players Shirt Size \_\_\_\_\_ Youth S M L XL \_\_\_\_\_ Adult: S M L XL XXL XXXL (please circle one)

I give authorization for my child \_\_\_\_\_ (*Child's Name*) to participate in The Warren County and Greater Dayton Miracle League, And do hereby released of any liability for injury that may occur while participating as a player or spectator during the season. Furthermore, I hereby grant The Warren County and Greater Dayton 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, \_\_\_\_\_ (*Child's Name*). 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 Association. I hereby release and forever discharge the Miracle League Association from any and all liability and damages relating to the use of my name, voice, likeness or any other identifiable representation of myself or my child \_\_\_\_\_ (*Child's Name*). 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 Warren County and Greater Dayton Miracle League 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.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Minor's D/O/B \_\_\_\_\_

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

**Current Prescription and Medications**

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**Allergies**

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**Primary Care/Physician Phone Number**

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