



Field of Miracles Challenger League Buddy Registration Form

T-Shirt Size: YS(6-8) YM(10-12) YL(14-16) YXL(18-20) AS(34-36) AM(38-40) AL(40-42) AXL(42-44) AXXL(44-46)

Name: _____ Age: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Phone: _____

Do you represent any school/organization?: _____

Would you be interested in being a Head Coach?: _____ Assistant?: _____ Team Mother?: _____

If yes, Name: _____ Day phone: _____ Years Experience: _____

Email: _____

I agree to waive and release any rights and claims for damages against the City of Cullman, the Parks and Recreation Departments, sponsors, employees, their representatives and officials for any and all injuries arising out of participation in the program.

Individual, Parent or Guardian: _____

I _____ have read and fully understand the guidelines and responsibilities of becoming a volunteer "Buddy" for the Cullman Field of Miracles Challenger League.

I _____ do hereby give my permission for my son/daughter to become a volunteer "Buddy" for the Cullman Field of Miracles Challenger League.

Contact information:

www.cullmanrecreation.org

Shelby Williams, Cullman City Parks and Recreation Athletic Director – 739-9931
Nicole Ells, Cullman City Parks and Recreation Special Programs Coordinator – 734-9157