



## Field of Miracles Challenger League 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) AXXXL(44-46)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ M/F \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Special Needs or Requirements: \_\_\_\_\_

Wheelchair ( ) Walker ( ) Other ( )

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. I hereby grant the City of Cullman and its affiliates, franchises, advertising and promotional agencies, and their agents the irrevocable, unrestricted rights to use, publish, display and distribute materials bearing my voice, likeness or any other identifiable representation of myself, family members, including my participating 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 at least 19 years of age, unless my parent or guardian also signs this document.

**Individual (if over 19), Parent or Guardian:** \_\_\_\_\_