

Date \_\_\_\_\_



## MIRACLE LEAGUE OF HARFORD COUNTY PLAYER REGISTRATION RELEASE FORM

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Player's Name \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Player's Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Player's Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Player's Age and Birth Date \_\_\_\_\_  Male  Female

Email Address \_\_\_\_\_

Child's Disability / Types of Assistance Needed:

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1. Player is in need of a Buddy  yes  no

2. If you have a family member that will be the Buddy, please list family member's name and have them fill out a volunteer form with a note saying who they will be a Buddy for, otherwise they will be assigned a player.

**Name of Family Member:** \_\_\_\_\_

3. Player would like to stay with previously assigned Buddy, if available.

**Please list previous Buddy name:** \_\_\_\_\_

### **UNIFORMS** *(Youth or Adult size pertain to player only)*

**Uniform Shirt Size** Youth  Small  Medium  Large Adult  Small  Medium  Large

Parent / Guardian Signature \_\_\_\_\_

Parent / Guardian Printed Name \_\_\_\_\_

**Please complete form and mail to:** Miracle League of Harford County  
2202 Byton Court  
Forest Hill, MD 21050

**OR email to:**  
twalls@plazaford.com