MIRACLE LEAGUE OF HARFORD COUNTY

BUDDY REGISTRATION FORM

Name _____

Address _____

Home Phone Number_____ Cell Phone Number _____

Age and Birth Date_____ ☐ Male ☐ Female

Email Address _____

Person to Call in the Event of an Emergency_____

Emergency Contact Phone Number _____

I, _____ agree that as a Buddy, it is my job to support the mission and purposes of this organization. The work I do will be worthwhile and challenging. I will respond to any situation and be flexible when it comes to working with the Miracle League players.

In participation in the Miracle League of Harford County program, the undersigned agrees that their child's/dependent's likeness may be photographed or videotaped, that such image may be published to promote or publicize the program and that names may be used unless otherwise specified by the undersigned.

Buddy Signature_____Date_____

Please complete form and mail to:

Miracle League of Harford County
2202 Byton Court
Forest Hill, MD 21050

OR email to:
Coachtom.mlhc@gmail.com