Date _____

MIRACLE LEAGUE OF HARFORD COUNTY
PLAYER REGISTRATION RELEASE FORM

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:

_____

_____

_____

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 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: _____
4. 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.

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:
Coachtom.mlhc@gmail.com