



Central Florida Miracle League, Inc.
Orlando, Florida

SPRING 2012 REGISTRATION

Kids ages 6-16 (16-20, please contact league)

For more information: (407) 619-0280

Season begins **March 3, 2012**

Mail Check & Forms to:

Central Florida Miracle League, Inc.
P.O. Box 664
Windermere, FL 34786

FEE: \$40 for EACH CHILD
(\$25 for second child in same family)

\$ _____

Player Name(s)

Home Phone

Street Address

City, State, Zip Code

Parent/Guardian

Age

Birthday

EMAIL (VERY IMPORTANT)

Diagnosis

Wheelchair _____ (Y/N) **Walker** _____ (Y/N) **Other** _____

PLAYER SHIRT SIZE: Youth: S M L XL Adult: M L XL 2X

If you played in the league previously, which team? _____

**WE WILL ENDEAVOR TO PLACE YOU ON YOUR PRIOR TEAM BUT WE CANNOT
GUARANTEE PLACEMENT.**

The Central Florida Miracle League, Inc., its officers, agents and directors, are released of any liability for injury that may occur while participating as a player or spectator during the season. I give authorization for my child/player _____ to participate. By signing below, you are granting the Central Florida Miracle League, Inc. the right to use, reproduce, publish, distribute and exhibit your child's name, portrait, picture, likeness and voice or any or all of them, in or in connection with said film, live or videotape presentation, sound track recording or still photograph in any manner and for any purpose whatsoever.

Parent/Guardian Signature

Date