



Central Florida Miracle League South Lake

SPRING 2012 REGISTRATION
Kids ages 6-16 (over 16, contact league)
Information: Betty Beebe 352-250-3444

Mail Check & Form to:

Central Florida Miracle League South Lake
1157 Magnolia Street
Clermont, FL 34711

FEE: \$40
(\$20 for additional children in the same family)

Player Name

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 (circle one): **Youth:** S M L XL

Adult: M L XL 2XL

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