



PLAYER REGISTRATION FORM

For additional information please call: (859) 254-9622
Or visit our website: www.ymcacky.org

League Fee: \$45
Checks payable to YMCA

Player Name		Home Phone	E-mail	
Street Address	City	County	State	Zip Code
Parent/Guardian		Alternate Phone	Emergency Contact & Phone Number	
M/F	Birth Date	Age	School	

Diagnosis & Current Prescription Medications:

(complete on back if necessary)

Primary Care Physician _____ Phone Number _____

Special Needs or Requirements _____

Wheelchair _____ Walker _____ Other _____

Players Shirt Size: (Youth or Adult) & (S M L XL XXL) Team Preference _____

In consideration for being permitted to participate with the Toyota Bluegrass Miracle League for any purpose including but not limited to utilization and/or observation of its facilities, equipment, services, and programs, without respect to location, the undersigned, for himself or herself and any personal representatives, assigns, heirs, and next of kin, hereby agrees to release, waive and discharge the Toyota Bluegrass Miracle League, its directors, officers, employees, and agents from all liability for any loss or damage to personal property, and/or any claims or demands therefore on account of injury or death of the undersigned. The undersigned agrees that the minor does not have any medical condition that would keep him or her from participation and that the forgoing Release and Waiver of Liability is intended to be as broad and inclusive as is permitted by the law of the Commonwealth of Kentucky. The undersigned also acknowledges that he/she has both read and voluntarily signed this Release and Waiver of Liability.

I hereby grant the Toyota Bluegrass Miracle League, its affiliates, franchises, advertising and promotional agencies, and their agents, the irrevocable, unrestricted right to use, publish, display and distribute materials bearing my name, voice, likeness or any other identifiable representation of myself, my family members including my Miracle League player/child. These materials may appear in any form, style, color or medium whatsoever (including, without limitation, photographs, video tapes, films, sound recordings, software, drawings, prints, broadcast, internet and electronic media). I agree that all material containing any identifiable representation of me (including without limitation, all negatives, plates and masters of any photographs, files, prints or tapes) shall be and remain the sole and exclusive property of the Toyota Bluegrass Miracle League. I hereby release and forever discharge the Toyota Bluegrass Miracle League from any and all liability and damages relating to the use of my name, voice, likeness or any other identifiable representation of me. I hereby waive any right I may have to inspect or approve the finished materials or any part or element thereof that incorporate my name, voice, likeness or any other identifiable representation of myself, my family including my Miracle League player/child.

I acknowledge that I have fully read and understand this document and that I have had any questions regarding its effect or the meaning of its terms answered to my satisfaction. I certify that I am at least 18 years of age, unless this document is also signed by my parent or legal guardian.

Player Printed Name _____ Signature (if Player is 18 or older) _____
Signature of Parent or Guardian _____ Minor's DOB _____
Name of Parent of Guardian (please print) _____

Please Mail Completed Form To:
C/O Mike Massoglia or Abby Beausir
Toyota Bluegrass Miracle League
239 E High Street, Lexington, KY 40504