



# Miracle League of Independence Spring 2024 Registration Form

Every child deserves a chance to play

Miracle League of Independence provides athletes, ages 5 to 21 who have an intellectual and/or physical disability, an opportunity to experience and play the great game of baseball with athletes of like abilities in a barrier-free environment.

For more information on the Miracle League go to [www.miracleleaguebaseball.com](http://www.miracleleaguebaseball.com)



- Ages:** 5 – 21 years
- Registration Fee:** \$15 per player  
Cash, Check payable to City of Independence, Visa, MasterCard or Discover.  
*\*Scholarships are available based on need*
- Registration Deadline:** Monday, April 22, 2024
- Location:** Daniel's Diamond at McCoy Park  
800 N. Bess Truman Parkway, Independence
- Dates:** 6 games beginning April 20, 2023  
Dates: April 20, 27 and May 4, 11, 18, 25

**GAME DAYS:** Most game days will be on Saturdays at 10 a.m. However, game days may change based on the number of teams registered and weather delays.

**Space is limited. Once teams are filled, names will be placed on a waiting list.**



For information on the Miracle League of Independence please call (816) 325-7397 or [rwculver@indepmo.org](mailto:rwculver@indepmo.org)

For information on Variety the Children's Charity of Greater Kansas City please visit [www.varietykc.org](http://www.varietykc.org)





Miracle League of Independence, Missouri  
**2024 Spring Player Registration**  
 416 W Maple Ave., Independence, MO 64050  
 Phone: (816) 325-7397 Fax: (816) 325-7842



**Player Name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_

**Gender:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Parent(s)/Guardian(s) Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Emergency Contact and Phone:** \_\_\_\_\_

**Team/Coach Preference:** \_\_\_\_\_

**Player Shirt Size (circle one):** Youth: S M L XL **OR Adult:** S M L XL XXL

**About my child (please check all that apply):**

Verbal  Non-Verbal  Wheelchair  Walker  Other: \_\_\_\_\_

**Other Special Needs or Requirements:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other Information (please check all that apply):**

I, as the parent would be interested in volunteering. Name: \_\_\_\_\_

**Registration Fee: \$15 per player      Registration Deadline: April 22, 2024**

I give authorization for the above-named to participate in the Miracle League of Independence, Missouri. I know that participation in baseball may result in serious injuries, and protective equipment does not prevent all injuries to players, and I do hereby waive, release, absolve, indemnify, and agree to hold harmless the Miracle League of Independence, MO, Independence Parks and Recreation, City of Independence, MO, their organizers, sponsors, agents, insurers, supervisors, participants, and volunteers, from any claim arising out of injury to my/our child whether the result of negligence or for any other cause.

I hereby grant the Miracle League of Independence, MO, City of Independence, MO, its affiliates, franchises, advertising and promotional agencies, and their agents, the irrevocable, unrestricted right to 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, 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 remain the sole and exclusive property of the Miracle League of Independence, MO.

I hereby release and forever discharge the Miracle League of Independence, MO, and City of Independence, MO 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 material or any part or element thereof that incorporate name, voice, likeness or any other identifiable representation of myself, my family including my Miracle League player/child.

By signing below, I acknowledge that I have fully read and understand this document and I have had 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 Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name of Parent/Guardian:** \_\_\_\_\_

**Email, Mail or Drop off completed registration form & fee to:**

Ron Culver: [rwculver@indepmo.org](mailto:rwculver@indepmo.org)  
 Independence Parks & Recreation  
 416 W Maple Ave.  
 Independence, Missouri 64050