

Ridgeland Recreation & Parks
Miracle League Registration Form

Player's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Male _____ Female _____ DOB _____ Age as of April 1 _____

Father's Name _____ Work Phone _____

Mother's Name _____ Work Phone _____

E-Mail Address _____

Emergency Contact _____ Phone _____

Type of Disability _____

Please check if your child requires use of any of the following:

Wheelchair _____ Walker _____ other _____

Please explain abilities and limitations _____

Group Home Name _____

Shirt Size

Youth Small _____

Youth Medium _____

Youth Large _____

Adult Small _____

Adult Medium _____

Adult Large _____

Adult X-Large _____

Adult XX-Large _____

Adult XXX-Large _____

I am the parent/guardian of the person listed above. I understand and acknowledge that their participation in this sports program, including all related activities, exposes them to the high risk of injury, both minor and potentially serious, and that such injuries are not uncommon, including transportation to and from sport activities. I agree to abide by the policies, guidelines and safety requirements of the Department of Recreation and Parks and the objectives and goals to the Youth Athletic Program, and I will instruct my child to do the same. To allow my child to participate in this sports program, I agree to defend, identify, and hold harmless the City of Ridgeland, the Recreation and Parks Department, Miracle League of Central Mississippi, the sponsors, the staff and volunteer supervisor, for any and all Claims made on behalf of the individual for injuries or damage arising from participation in the sports program or related activities.

Date _____ Parent/Guardian Signature _____

Registration Fee: \$25.00 per player (includes Jersey and Hat)

Mail Back to PO BOX 217 Ridgeland, MS 39158

Make check payable to RR&P Check # _____ Cash _____