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________   Adult Small________
   Youth Medium_________ Adult Medium_______
   Youth Large__________ 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 _______________