



MIRACLE LEAGUE REGISTRATION FORM

Date: _____
Member #: _____
Amount paid: \$ _____
Receipt #: _____

Uniform Size: YS YM YL AS AM AL Other _____

Complete the personal information in the box below:

Parent Email address: _____
Please ensure that you include an email address (Primary form of communication).
Childs (FULL) name: _____ Sex <input type="checkbox"/> M <input type="checkbox"/> F Age: ____ DOB: _____
Best contact number: _____ School attending: _____
Home address: _____ City: _____ State: ____ Zip: _____
Mother's name: _____ DOB: _____ Employer: _____
Cell phone number: _____ Work phone number: _____
Father's name: _____ DOB: _____ Employer: _____
Cell phone number: _____ Work phone number: _____
Siblings participating: (1) _____ (2) _____ (3) _____

The YMCA considers all registrations without to race, color, religion, sex, national origin, or the presence of medical condition or handicap. However, the YMCA does reserve the right to refuse admission to any child who may require a level of attention beyond that which YMCA programs are designed to accommodate or who may require specialized training that may prevent YMCA staff from adequately meeting the needs of the child. I agree to abide by the rules and regulations as set forth by the YMCA staff. I will fully accept the decision of the YMCA staff regarding the placement of my child on a team. I will also conduct myself with a positive Christian attitude toward coaches, opposing team players, officials. And YMCA staff members during the course of the season. I understand that the YMCA does not provide insurance coverage for the above listed program participant and that I am responsible for my child's own personal coverage. I hereby give permission for the YMCA to use for promotional purposes any photos or videos taken of my child while involved in this program. By signing my name below, I am indicating that: this registration form is correct to the best of my knowledge and that child herein described has permission to engage in all prescribed activities expect those noted by me. I understand that YMCA activities have inherent risks and I hereby assume all risks and hazards incident to my participation in all YMCA activities. I further waive, release, absolve, indemnify and agree to hold harmless the YMCA, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees, as well as, persons or parents transporting participants to and from activities from any claims or injury sustained during my participation in YMCA activities. **Note:** Refund requests must be made before the first game. No refunds will be given after the first game. If requesting a refund, there will be a \$15 administrative fee charged.

Note: Buddy is provided by family of player.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Please provide the following info:

School (if applicable): _____

Favorite Baseball Team

Walk up song:

ATHLETE & PARENT/LEGAL GUARDIAN CONCUSSION STATEMENT

According to the Centers for Disease Control and Prevention, a concussion is a type of traumatic brain injury that changes the way the brain normally works. Most concussions occur without loss of consciousness. Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion. Young children and teens are more likely to get a concussion and take longer to recover than adults. The new concussion law is an opportunity to make playing sports safer for Tennessee's young athletes. Must be signed and returned to school or community youth athletic activity prior to participation in practice or play.

The YMCA strives to keep children and adults safe in all of our programs.

For more information visit: <http://health.state.tn.us/tbi/concussion.htm>

Must be signed and returned to YMCA prior to participation in practice or play.

Athlete Name: _____

Parent/Legal Guardian Name(s): _____

After reading the information sheet, I am aware of the following information:

Parent-Athlete initials		Parent/Legal Guardian initials
	A concussion is a brain injury which should be reported to my parents, my coach(es) or a medical professional if one is available.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach and/or a medical professional about my injuries and illnesses.	
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	
	I will/my child will need written permission from a health care provider* to return to play or practice after a concussion.	
	Most concussions take days or weeks to get better. A more serious concussion can last for months or longer.	
	After a bump, blow or jolt to the head or body an athlete should receive immediate medical attention if there are any danger signs such as loss of consciousness, repeated vomiting or a headache that gets worse.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before the concussion symptoms go away.	
	Sometimes repeat concussion can cause serious and long-lasting problems and even death.	
	I have read the concussion symptoms on the Concussion Information Sheet.	

* Health care provider means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training.

Signature of Parent/Legal guardian

Date

Emergency Information and Contacts:

GIVE NAMES AND PHONE NUMBERS OF THREE PEOPLE TO CALL IF YOU CANNOT BE REACHED:

(These people are authorized to pick up child)

Name: _____ Relationship: _____

Address: _____

Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Address: _____

Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Address: _____

Phone: _____ Cell Phone: _____

Physician Information:

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Insurance Information:

Insurance Company: _____ Policy Number: _____

Special Accomodations:

My child has the following special needs: _____

My child has the following known allergies: _____

My child is on the following medications for long term continuous use _____

My child has the following pre-existing illness or health concerns: _____

In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the adult leader in charge to hospitalize, secure proper anesthesia, or to order injection or surgery for my child. I have read the rules and policies of the YMCA Child Care program and understand the YMCA adheres to these rules. I agree to follow the policies of the YMCA. I understand that my failure to do so may result in our being discharged from the program. I understand that payment is expected in advance and that there will be a late fee assessment should I neglect to pay on time. I understand that the YMCA is mandated by law to report any suspected child abuse or neglect to the appropriate authorities for investigation. I hereby consent to the use of my child's likeness in photographs, film, videotape or website for use in editorial, illustrated or promotional purposes.

Parent/Guardian Signature: _____ Date: _____

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