



Miracle League of Grand Island & Western New York, Inc.
2017 Registration

For additional information, visit our website:
www.miracleleagueny.org

Must be 10 years of age or older to volunteer

Buddy's Name _____

Phone _____

Street Address / City / State / Zip Code _____

Male/Female _____ Date of Birth _____ Email _____

Returning Buddy yes/no If yes, 2016 team and player _____

Buddy's Shirt Size (please circle) Youth S M L XL Adult S M L XL XXL

Parent/Guardian Name _____ Phone _____

Parent/Guardian Email _____ Emergency Number _____

Agreement/Permission Statement:

(Words enclosed in brackets are for a parent or guardian of participants who are under age 18 and/or require such additional permission.)

I agree [give my permission for the player listed on this form] to participate with The Miracle League Activities, and to cooperate fully with those in charge of each session or event that are part of the Activity.

I agree [give my permission for the player listed on this form] to be photographed, videotaped, or interviewed by any television, radio, newspaper, magazine, private person or group, and that the gathered material may be transmitted by electronic media or otherwise used in Miracle League published materials or in other ways for the enhancement of the Miracle League program.

I understand [on behalf of the player listed on this form] that the activities involves some physical risk and I assume all risk for property damage, personal injury or death to the player as a result of or in connection with the Activity and my and the player's use of the Property.

I agree [on behalf of the player listed on this form] to indemnify, defend, and hold harmless the Miracle League of Grand Island & Western New York, Inc. and the Town of Grand Island from and against, any and all loss, liability, damage, claim, expense, fines, penalty, interest, cost, or other obligation of any nature, and injury to or death of any person, or for loss or damage to any property, arising as a result of or in connection with the Activity or my use or use by the player of the Property.

NO PORTION OF THE ABOVE CAN BE CROSSED OUT OR ALTERED.

Volunteer Signature _____ Date: _____


Parent/Guardian Signature _____ Date: _____


(Over→)


BUDDY RESPONSIBILITIES


I agree that as a volunteer, it is my job to support the mission and purposes of The Miracle League of Grand Island & Western New York, Inc.

 I agree to work per game day as described below.

 My specific duties will include acting as a "Buddy" to a Miracle League player.

 I will report to my team or player at least 30 minutes prior to game time.

 I will notify my coach prior to missing a game.

 I will comply with the rules set forth by the Miracle League of Grand Island & Western New York, Inc.

 "Buddies" Responsibilities

- To protect the Miracle League player at all times.
 - When a hard hitter is hitting the ball, "buddy" is to step in front of Miracle League Player for protection.
- Encouragement.
- Always allow the Miracle League Player as much freedom to play his/her own game as possible.
- Assist Miracle League Player according to their needs.
- Be of good spirit, enthusiasm, love, attitude and concern in motivating the players and their families.
- Make friends, get to know the players & their families.
- Be properly dressed and clean wearing your "Buddy" shirt, no open toe shoes or sandals.
- "Buddies" must demonstrate high morals and integrity on and off the field.

Please complete and mail to:

**The Miracle League of Grand Island & Western New York, Inc. PO
Box 833
Grand Island, NY 14072**
