



## GROUP REGISTRATION FORM

**The Miracle League of the Triangle**

**P.O. Box 4193, Cary, NC 27519**

**(919) 238-0333**

**[www.miracleleagueofthetriangle.com](http://www.miracleleagueofthetriangle.com)**

**Your Organization** \_\_\_\_\_ **Date** \_\_\_\_\_

**Volunteer Name** \_\_\_\_\_ **M/F** \_\_\_\_\_ **Birth Date** \_\_\_\_\_ **Age** \_\_\_\_\_  
(One person per form) (All volunteers must be 12 yrs. or older)

**Mailing Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Emergency Contact and Phone** \_\_\_\_\_

Miracle League of the Triangle, Inc. sports activities, I hereby waive, release, absolve and indemnify, and agree to hold harmless The Miracle League of the Triangle, Inc., the Wake County Public School System, Kerr YMCA, YMCA of the Triangle and their sponsors, organizers, agents, insurers, participants and volunteers from any claim arising out of any injury to me, whether the result of negligence or any other cause. I assume all risks and hazards incidental to such participation in The Miracle League games and activities and consent to receive first aid and/or emergency care in the event I suffer an injury during sanctioned games and activities. I understand that there will be media and promotional coverage of The Miracle League of the Triangle games and activities and I give consent to publish my name and picture for such purposes.

\_\_\_\_\_  
Volunteer Name (Print Name)

\_\_\_\_\_  
Volunteer (Signature)/Date

\_\_\_\_\_  
Under 18: Parent/Guardian (Print Name)

\_\_\_\_\_  
Under 18: Parent/Guardian (Signature)/Date