



GROUP REGISTRATION FORM

The Miracle League of the Triangle

P.O. Box 4193, Cary, NC 27519

(919) 238-0333

www.miracleleagueofthetriangle.com

Name of Organization Ravenscroft Key Club **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 _____

Volunteer Release

In consideration for The Miracle League of the Triangle providing the opportunity to participate in The 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, 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)

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