

# Miracle League of Central Ohio Player Registration – 2025 Night League

Opening night for the Night League is scheduled for Tuesday, June 05, 2025. The registration fee for 2025 is \$55. *If you cannot pay the fee, please check the appropriate box below, and the Miracle League will attempt to locate a sponsor to pay the entry fee on your player's behalf.*

**Please make checks payable to “Miracle League of Central Ohio”**  
**Mail payments to P.O. Box 1303, Dublin, Ohio, 43017**  
**Email: MLnightleague@gmail.com**

**PLEASE CHECK ONE:**  \$55  Unable to pay

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Player's Name \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ / Cell Phone \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Text Messaging \_\_\_\_\_ Email Address \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender  Male  Female Age \_\_\_\_\_ D/O/B \_\_\_\_\_ Nickname, i.e. Slugger, the Rocket, \_\_\_\_\_

Diagnosis / Special Needs/Food Allergies \_\_\_\_\_  Wheelchair  Walker  Other \_\_\_\_\_

Did your athlete play last year? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what team or coach? \_\_\_\_\_

Would you like your athlete to play on the same team? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you wish for your athlete to play on the same team as another player, then please note his/her name \_\_\_\_\_

If you are a returning athlete, would you be open to moving to one of the new expansion teams? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Volunteering Opportunities:** \_\_\_\_\_ Coach \_\_\_\_\_ Buddy Leader \_\_\_\_\_ Announcer \_\_\_\_\_ Field Duty Coordinator \_\_\_\_\_ General Vol.

Player's **Shirt Size** (please check one) Youth  S  M  L  XL Adult  S  M  L  XL  2XL  3XX

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### Release of Liability and Para.

I give authorization for my athlete (name) \_\_\_\_\_ to participate in the Miracle League of Central Ohio, and do hereby release any liability for injury that may occur while participating as a player or spectator during the season. The undersigned does hereby release and agree to indemnify and hold harmless The City of Dublin, Ohio and The Miracle League of Central Ohio, its officers, directors, volunteers and other such individuals which may be assisting The Miracle League, from all manner of claims for damages and injuries of any kind and nature whatsoever arising out of accidents, occurrences, or conditions whether or not caused by the negligence of the releasees and or indemnitees.

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### Release for Use of Likeness

I hereby grant the Miracle League of Central Ohio, its affiliates, franchises, advertising and promotional agencies, and their agents, the irrevocable, unrestricted right to use, publish, display and distribute materials bearing my name, voice, likeness or any other identifiable representation of myself, my family members, including my Miracle League player/athlete. These materials may appear in any form, style, color or medium whatsoever (including, without limitation, photographs, video tapes, films, sound recordings, software, drawings, prints, broadcast, internet and electronic media.) I agree that all material containing any identifiable representation of me (including without limitation to all negatives, plates and masters of any photographs, files, prints or tapes) shall be and remain the sole and exclusive property of the Miracle League of Central Ohio. I hereby release and forever discharge the Miracle League of Central Ohio from any and all liability and damages relating to the use of my name, voice, likeness or any other identifiable representation of me. I hereby waive any right I may have to inspect or approve the finished materials or any part or element thereof that incorporates my name, voice, likeness or any other identifiable representation of myself, my family including my Miracle League player/athlete. I have agreed to the above consideration of the opportunity given to me by the Miracle League of Central Ohio to appear in these materials. I acknowledge that I have fully read and understand this document and that I have had any questions regarding its effect or the meaning of its terms answered to my satisfaction. I certify that I am at least 18 years of age, unless this document is also signed by my parent or legal guardian.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Minor's D/O/B \_\_\_\_\_

Name of Parent or Guardian (please print) \_\_\_\_\_

**RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISKS  
and  
INDEMNITY/HOLD HARMLESS AGREEMENT  
for  
PARTICIPATION IN CITY OF DUBLIN EVENTS/ACTIVITIES  
and  
USE OF CITY OF DUBLIN FACILITIES OR PROPERTY**

For and in consideration for participation in City-sponsored events/activities or use of City facilities or property, the undersigned Users (defined to mean each signatory to this document and each signatory's minors, heirs, successors, representatives and assigns) hereby waive, release, and/or relinquish any and all claims, rights, and causes of action against the City of Dublin ("Dublin" or "City") including, but not limited to, claims or causes of action for personal injury or illness, property damage, wrongful death, and/or exposure to or infection by any Naturally Occurring Disease, defined to include any disease, illness, or infection caused by bacteria, viruses, rickettsia, fungi, and parasites, arising out of Users participation in City-sponsored events/activities or use of City facilities or property, wherever or however they occur, and for such period said activities or use may occur. Users specifically acknowledge that they are voluntarily participating in the sponsored events/activities or voluntarily using the City's facilities or property and specifically assume all risks associated with that use, event, or activity.

Users understand that gathering in groups of people in close quarters may cause exposure to or infection by any Naturally Occurring Disease, including the novel coronavirus, COVID-19. COVID-19 has been declared a worldwide pandemic by the World Health Organization, is extremely contagious, and is believed to spread mainly from person-to-person and person-to-object-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited or limited the congregation of groups of people.

Users expressly acknowledge that the City of Dublin (hereby defined to include all employees, managers, agents, elected officials, volunteers, representatives, and their insurers) cannot guarantee that User will not become infected with any Naturally Occurring Disease, including COVID-19 through participation in City-sponsored events/activities or the use of City facilities or property. Further, Users understand that participating in City events/activities and using City facilities or property could increase the risk of contracting a Naturally Occurring Disease.

**The undersigned Users hereby agree as follows:**

USER AGREES TO INDEMNIFY AND HOLD THE CITY OF DUBLIN HARMLESS FROM LIABILITY OR CLAIMS, DEMANDS, DAMAGES AND COSTS FOR OR ARISING OUT OF ANY DAMAGE, INJURY, DISEASE, SICKNESS OR DEATH TO USERS, OR THEIR MINORS, OR INVITEES RELATING TO THE USE OR OPERATION OF CITY FACILITIES OR PARTICIPATION IN CITY-SPONSORED EVENTS/ACTIVITIES. THE UNDERSIGNED USER UNDERSTANDS, ACKNOWLEDGES, AND STIPULATES THAT THIS INDEMNITY AGREEMENT INCLUDES ANY SUCH CLAIMS, DEMANDS AND COSTS ARISING OUT OF NEGLIGENCE ON THE PART OF THE RELEASED PARTIES.

User stipulates and agrees that invalidation of any term(s) or provision(s) of this Agreement by judgment or other court order shall not affect any of the other terms or provisions and such other terms and provisions shall remain in full force and effect.

User acknowledges that he/she understands and has read each of the above paragraphs, that User is fully advised of the potential dangers of visiting City facilities or property and participating in City events, that User is signing this document voluntarily and with full knowledge of his/her actions, and that User, or User's parents/guardians, have all legal authority to sign this Waiver and Release.

I HAVE CAREFULLY READ THE FOREGOING AGREEMENT, UNDERSTAND ITS CONTENTS, AND AM AWARE THAT I AM RELEASING CERTAIN LEGAL RIGHTS. I ACKNOWLEDGE THAT I AM SOLELY REPOSIBLE FOR ANY INJURIES, ILLNESS, OR DEATH INCURRED WHILE USING CITY FACILITIES OR PROPERTY AND PARTICIPATING IN CITY-SPONSORED EVENTS/ACTIVITIES.

Name of User: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of this Agreement: \_\_\_\_\_

Signature of User: \_\_\_\_\_ (or Parent/Guardian if User is under 18)