THE MIRACLE LEAGUE
West Pembroke Pines Optimist

Joe DiMaggio Children's Hospital
AT MEMORIAL

WPPO MIRACLE LEAGUE 2008 REGISTRATION

- Interested in Coaching [ ]
- Interested in Sponsorship [ ]
- Interested in Becoming a Buddy [ ]

DEADLINE:_____
NO FEE

_____ _____ _____
Last Name First Name Home Phone

_____ _____ _____
Street Address City County State Zip Code

_____ _____ _____
Parent/Guardian E-mail Work or Contact No.

M/F____ Birth date: _____ Age _____ School_____

Diagnosis _____

Special Needs or Requirements _____

Wheelchair _____ Walker _____ Other _____

Players Shirt Size Youth: S M L XL Adult: S M L XL XLL (please circle one)

I, the undersigned, so hereby expressly acknowledge that participation in the WPPO Miracle League Program may involve risks and I, on behalf of myself and my minor child/ward named herein as the participant, do hereby voluntarily assume any all risks of injury to my person or property, or that of my minor child/ward which may result directly or indirectly from my and/or my child/ward's participation in the WPPO Miracle League Program. I, on behalf of myself and my minor child/ward, do hereby voluntarily release, waive, discharge and covenant not to sue the City of Pembroke Pines or WPPO Miracle League and their respective officers, servants, agents and employees, for any and all claims, liability and causes of action and whatsoever which I, my heirs, assigns, or successors may have against any of them by reason of my own or my child/ward's participation in the WPPO Miracle League Program including such claims against the City of Pembroke Pines or WPPO Miracle League Program and their respective officers, servants, agents and employees for damages.

_____ _____
Parent/Guardian Signature Date

_____ _____
Name of Participant Date

For additional information contact: Mario Salceda @ Phone: (945) 276-5597 Fax: 954-602-2813
E-mail: miracleleague@mhs.net