



Central Minnesota

[www.miracleleagueofcentralmn.com](http://www.miracleleagueofcentralmn.com)

## MEDICAL RELEASE FORM

Please read carefully and return with registration form. We **MUST** have one of these on file and handed in for each player to participate every year and for every season of league play.

Player: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I understand that a parent/guardian or caregiver familiar with my child's needs and medical condition must be present at the field for the entire time my child is participating.

The Miracle League of Central Minnesota strongly encourages and requires the use of protective equipment during league play. Protective equipment is supplied by the league for your child's safety. Your child will be encouraged to use these pieces of equipment by their coaches and league officials during play. Protective equipment cannot prevent all injuries a player may receive while participating but significantly reduces the risk. Your help, compliance and cooperation with this is strongly encouraged and greatly appreciated!

Child's Diagnosis: \_\_\_\_\_

In Case of an Emergency Contact:

Name	Phone	Relationship to player

**Helmet Waiver:** I have been advised of the importance and requirements of wearing protective equipment such as a batting helmet. I understand that choosing not to have my child wear this piece of equipment is not in compliance with league rules and recommendations. By signing this waiver I assume all responsibility for any injury as a result of not wearing this piece of protective equipment:

Parent/Guardian Signature: \_\_\_\_\_

I \_\_\_\_\_ (PRINT parent/guardian's name)  
have read the above and give my consent and permission for my  
child \_\_\_\_\_ (PRINT child's name)

to participate in the Miracle League of Central Minnesota.

I hereby release, absolve and hold harmless Miracle League of Central Minnesota organizers, sponsors and coaches appointed by them.

Parent/Guardian Signature: \_\_\_\_\_