



Miracle Field All Star Football Registration 2021

Dates/Times: 3:30-4:30pm September 11, 18, 25 October 2, 9, 16 (Halloween Party), 2021

Player Name: _____ Address: _____
Home Phone: _____ City/Town: _____ Zip _____
Family E-Mail Addresses: _____
Parent/Guardian #1 Name: _____ Parent/Guardian #2 Name: _____
Parent/Guardian #1 Cell #: _____ Parent/Guardian #2 Cell #: _____
Emergency Contact Person: _____ Emergency Contact Phone #: _____

PLAYER INFORMATION

Last Name: _____ First Name: _____ Nickname: _____ Date of Birth: ____/____/____
Shirt Size (circle one): *Adult S Adult M Adult L Adult XL Adult XXL*

RELEASE OF LIABILITY

I hereby give my/our approval to participate in all Rochester Miracle Field activities. I/We know that participation in these sports may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the Rochester Miracle Field, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities, from any claim arising out of injury to my/our child whether the result of negligence or for any other cause. We will be following NYS and local Covid guidelines for sports.

Authorized Parent/Guardian Name

Signature/Date

**Registration Fee of \$30 payable on website or
Mail to: Challenger Miracle Field Mail to:
PO Box 826, Webster NY 14580**

MEDIA RELEASE

I hereby give my/our approval: Rochester Miracle Field to take photographs and videos of me (the player) and my family in connection with Challenger games and events. I authorize Rochester Miracle Field, its assigns, and transferees to copyright, use and publish the same in print and/or electronically.

I hereby deny my/our approval:

I hereby give my/our approval: to Rochester Miracle Field use such photographs and videos of me (the player) with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I hereby deny my/our approval:

Authorized Parent/Guardian Name

Signature/ Date