



A Non-Profit Tax Exempt Organization  
Baseball for Individuals with Special Needs

Dear Parent/Guardian,

The Miracle League of Camden County, DBA Justin's Miracle Field, is a charitable organization that provides children and adults with mental and/or physical challenges an opportunity to play baseball. There is something about playing the game of baseball that lights up youngsters' eyes, but for children, youth, and adults facing challenges, that opportunity can often be a difficult first step. The Miracle League removes many of the obstacles providing players with the opportunity to get out in the sunshine and enjoy playing the game of baseball in its purest form.

Many children and adults needed a place to play. So, a specially equipped field named "Justin's Miracle Field" was built at Lion's Park in Kingsland, GA. This custom-designed venue incorporates a cushioned synthetic turf that accommodates wheelchairs and other walking assistance devices and helps prevent injuries. It provides a level playing field where players with special needs can hit, run, and catch - just like their peers.

During each Miracle League game, every player is given an opportunity to hit the ball, advance through the bases, and score a run. The Miracle League of Camden County players are assigned buddies who assist them in hitting the ball, running the bases, catching and throwing.

The Miracle League of Camden County wants to give your loved one the chance to play baseball!

**Please fill out the attached application and mail it back to us as soon as possible!**

The registration fee is \$40.00 per season. Please make checks payable to "Justin's Miracle Field".

Mail form(s) and payment to: Justin's Miracle Field  
P. O. Box 37  
Kingsland, GA 31548-5747

We are looking forward to watching your loved one participate on Justin's Miracle Field! Should you have any questions, please feel free to call me at any time. You can reach me at (912) 322-1970 or visit us at [www.camdenmiracleleague.com](http://www.camdenmiracleleague.com).

Sincerely,  
Jeff Norris

Co-Founder/Executive Director  
The Miracle League of Camden County  
cell: (912) 322-1970

**REGISTRATION FEE:**

**\$40.00**

(There is a \$20.00 late fee if the registration fee is received after the registration period).

**The Miracle League of Camden County  
PLAYER REGISTRATION FORM**

For additional information please call: (912) 322-1970

Or visit our website: www.camdenmiracleleague.com



Please check here if financial assistance is needed. **"Every child deserves the chance to play baseball!"**

JMF STAFF - Indicate payment type received: CASH \_\_\_\_\_ CHECK \_\_\_\_\_ PAYPAL \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Player Name Today's Date Home Phone Cell Phone

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Street Address City State Zip Code

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

M / F Birth Date Age Mobility:  Wheelchair  Walker  Other: \_\_\_\_\_

**Medical Information:**

\_\_\_\_\_

Medical Diagnosis and/or Special Needs Requirements

**Player Shirt Size:** Youth: S M L Adult: S M L XL 2XL 3XL  
Toddler: 2T 3T 4T 5T

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Name on Shirt Number on Shirt (give 3 choices)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent / Guardian Home Phone Cell Phone E-mail Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent / Guardian Home Phone Cell Phone E-mail Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact person if Parents or Guardian are not available Relationship to player Home Phone Cell Phone

**Release of Liability:** In consideration for the The Miracle League of Camden County,GA providing the opportunity for my child to participate in Miracle League baseball, the undersigned does hereby release and agree to indemnify and hold harmless The Miracle League of Camden County, their officers, directors,organizers, sponsors, agents, insurers, supervisors, participants, volunteers and the City of Kingsland, GA, Camden County Government, CCPSA Leisure Services, and the City of St. Marys from any and all claims for personal injury, death, property damage, or any type of claim or damage whether the result of negligence or for any other cause (including but not limited to attorney's fees or litigation expenses) resulting from my child's activities in connection with participation in Miracle League baseball or other events/activities or the participation of any family member or guest of the undersigned. I assume all risks and hazards incidental to such participation in Miracle League games and activities and consent for my child to receive first-aid and/or emergency care by a qualified Emergency Medical Technician or physician or other person qualified to render medical assistance in the event my child suffers an injury during sanctioned games and activities. **INITIALS:** \_\_\_\_\_

I agree to provide my child's specific medical information to The Miracle League of Camden County so that appropriate precautions and care can be provided to my child during sanctioned games and activities. I/We agree to be present at all games and activities so that I/We can manage our child's specific needs. I/We agree to have any and all medication (prescription and nonprescription) for my child and shall be solely responsible for dispensing any such medication to my child. **INITIALS:** \_\_\_\_\_

**Media Release:** I hereby grant The Miracle League of Camden County, 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/child. 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, 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 Camden County. I hereby release and forever discharge The Miracle League of Camden County 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 incorporate my name, voice, likeness or any other identifiable representation of myself, my family including, my Miracle League player/child.

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.

\_\_\_\_\_  
\_\_\_\_\_

Name of Parent or Guardian (please print) Signature of Parent or Guardian Date



Enhancing the *quality* of  
**life** for  
 Camden County citizens.



## CAMDEN COUNTY PSA LEISURE SERVICES & Miracle League of Camden County

### Player's CCPSA Supplemental Miracle League Registration Form

**Camden County PSA Liability Waiver:** I, the volunteer or parent/guardian of the child participating in Miracle League baseball, hereby give approval to his/her participation in the league activities for which I am registering them. I assume all risks and hazards incidental to such participation including transportation to and from activities; and do hereby waive, release, absolve, and indemnify and agree to hold harmless CCPSA Leisure Services, PSA, local league organization, the organizers, sponsors, supervisors, participants and persons transporting the child to and from activities, for any claim arising out of injury, except to the extent and in the amount of the amount covered by accident and/or liability insurance held by the local league. **MEDICAL:** I also grant permission to the managing and/or coaching personnel or other league representatives to authorize and obtain medical care and treatment from any licensed physician, hospital or medical clinic, including major surgery deemed necessary by an adult licensed physician should the child become ill or injured while participating in activities away from home, or at other times when neither parent/guardian is available to grant authorization for emergency treatment. **INITIALS:** \_\_\_\_\_

**Miracle League of Camden County Seasonal Supplemental Release of Liability:** In consideration for the The Miracle League of Camden County, GA providing the opportunity for my child to participate in Miracle League baseball, the undersigned does hereby release and agree to indemnify and hold harmless The Miracle League of Camden County, their officers, directors, organizers, sponsors, agents, insurers, supervisors, participants, volunteers and the City of Kingsland, GA, Camden County Government, CCPSA Leisure Services, and the City of St. Marys from any and all claims for personal injury, death, property damage, or any type of claim or damage whether the result of negligence or for any other cause (including but not limited to attorney's fees or litigation expenses) resulting from my child's activities in connection with participation in Miracle League baseball or other events/activities or the participation of any family member or guest of the undersigned. I assume all risks and hazards incidental to such participation in Miracle League games and activities and consent for my child to receive first-aid and/or emergency care by a qualified Emergency Medical Technician or physician or other person qualified to render medical assistance in the event my child suffers an injury during sanctioned games and activities. I agree to provide my child's specific medical information to The Miracle League of Camden County so that appropriate precautions and care can be provided to my child during sanctioned games and activities. I/We agree to be present at all games and activities so that I/We can manage our child's specific needs. I/We agree to have any and all medication (prescription and nonprescription) for my child and shall be solely responsible for dispensing any such medication to my child. **INITIALS:** \_\_\_\_\_

**Media Release:** I hereby grant The Miracle League of Camden County, 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/child. 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, 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 Camden County. I hereby release and forever discharge The Miracle League of Camden County 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 incorporate my name, voice, likeness or any other identifiable representation of myself, my family including, my Miracle League player/child. **INITIALS:** \_\_\_\_\_

**NOTE: Everyone that participates in Miracle League games, activities and fund-raising events held on Camden County PSA property must sign this form. If under 18 years of age, only the parent or legal guardian of participants may sign this form.**

I have read and agree to the conditions set forth in the Camden County PSA Liability Waiver/Miracle League of Camden County Seasonal Supplemental Release of Liability. I understand that failure to follow established rules may result in the loss of privilege to participate in or to be a spectator during this program.

Parent's Printed Name: \_\_\_\_\_

Player's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_



Each Spring season, we order new uniforms for all of our players. Often, our returning players do not need new uniforms unless they need a new size.

Returning players, please check "YES" if you need a new uniform shirt and hat this year and "NO" if you do not.

\_\_\_\_\_ YES

\_\_\_\_\_ NO

Player's Name \_\_\_\_\_

\*\* (All new players will get a new uniform)\*\*