

Optimist Miracle Movers Player Registration Form:

Optimist Miracle Movers is an organization focusing on our special needs friends and allowing them the opportunities to play in organized sports just as others are able to.

For More Info or to Volunteer Please Contact:
Jackie Parrish @ 317.839.7800 Email: jackiep356@aol.com



Player Name **Birthdate** **Gender**

Address

City, State and Zip

Phone

Email Address

Disability / Level of Assistance Needed

Parent or Guardian Name

T-Shirt Size: (Circle ONE)

Youth: S	M	L	XL
Adult: S	M	L	XL

Emergency Contact / Phone Number

Relationship to Player

Insurance Carrier / Policy No.

Sport/League: _____

I, the parent of the above named child, do hereby give my consent to his participation in all activities of the Optimist Miracle Movers. In case of any illness or injury to my child resulting from play, I hereby waive all claims against the organization, sponsors or supervisors and hereby release and absolve the Optimist Miracle Movers and owners of any facilities used. I understand that I am responsible for my child's medical bills if injury occurs. I give my consent for medical treatment by the closest hospital, doctor or medical facility.

Parent/Guardian Signature **Date**

Email Registration Information to: jackiep356@aol.com or
Mail Registration Form to: **Optimist Miracle Movers, 6143 E. County Road 600 S., Plainfield, IN 46168**