



## Jacksonville Miracle League

Questions? Please call: (904) 509-3800

### Volunteer Registration Form

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_

Volunteering for:  Coach  Medical  Concessions  Team Mom

Other \_\_\_\_\_

I know that participation in baseball may result in serious injuries, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the Jacksonville Miracle League, the City of Jacksonville, and their organizers, sponsors, agents, insurers, supervisors, participants, and other volunteers from any claim arising out of any injury to me whether the result of negligence or for any other cause.

I further understand and agree that the Jacksonville Miracle League may conduct a background investigation on me before allowing me to participate as a volunteer. This investigation may include, but not necessarily be limited to, review of a criminal history report from the Florida Department of Law Enforcement or other law enforcement agency. The Jacksonville Miracle League may refuse to allow my participation for any or no reason in its sole discretion.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\* For office use only: Volunteer position assigned \_\_\_\_\_

Please mail form to: **Jacksonville Miracle League, PO Box 442339, Jacksonville, FL 32222**