



**Miracle League of Milwaukee
2016 Fall Season Player Registration
"Every Child Deserves the Chance to Play Baseball"**

The Miracle League of Milwaukee is an organized baseball league for children ages 4-19 with cognitive and/or physical disabilities. Games are played on a custom accessible field at the Northwest YMCA. Teams will be assigned prior to the season beginning. Practice will be on Tuesdays from 5:30-6:30pm and games played on Saturdays at 11:00am. Fall Season runs from Tuesday, September 6th through Saturday, October 1st.

The Miracle League of Milwaukee wants every child to have the opportunity to play baseball,
be part of a team, and have fun!

Please return this form AS SOON AS POSSIBLE. Please complete all pages.

Player Name _____ Nickname _____

(Circle one) Male/Female DOB _____ Age _____ School _____

Ethnicity: Caucasian/White _____ African American/Black _____ Hispanic/Latino _____

Native American _____ Asian/Pacific Islander _____ Other _____

Parent(s)/Guardian(s) Name _____ Parents DOB _____

Address _____ City/State/Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Emergency Contact _____ Emergency Contact Phone _____

About my Child:

Disability _____

Special Needs or Requirements _____



(Circle One) Verbal/Non-Verbal

If communication device or other methods please describe how Miracle League would use it:

Does your child have seizures? Yes_____ No_____

If yes, what do you request Miracle League do if it happens?

Assistive Devices

Are there any assistive devices your child uses? If yes, please explain:

Other Characteristics of Behavior

Is your child toilet trained? Yes_____ No_____

If no, what should Miracle League know about restroom needs? _____

Buddies

Which type of Buddy would be best for your child? (We will do our best to match requests based on available volunteers.)

- ☐ Adult
- ☐ Young Adult
- ☐ Teen
- ☐ Male
- ☐ Female
- ☐ No preference

I would like to provide my child's own Buddy. Name of Volunteer is _____
(Just a reminder, volunteers need to fill out a volunteer form and must be ages 12+.)

My child is a:

- ☐ Righty
- ☐ Lefty
- ☐ Uses both hands to throw and hit the baseball

Are there any specific skills you would like your child to learn during the Fall Season? Yes____ No ____
If yes, what are they? _____

Any additional information that may be helpful to the care of your child? _____

Is your child able to commit to the full 8-week Miracle League Program?

Days planning on being absent on vacation: _____

How did you hear about Miracle League of Milwaukee? _____



YMCA of Metropolitan Milwaukee Player Interest Survey



Directions: Parents should complete this survey BEFORE program participation. This information is used when announcing your child to bat during games.

1. Grade in school? _____

2. Favorite type of music and/or song?

3. Favorite type of food?

4. How many seasons with Miracle League? _____

5. Favorite hobbies/activities outside of Miracle League?

6. Anything else that would be fun to use to introduce the player?

Parent/Guardian Authorization

I understand that parts of the YMCA of Metropolitan Milwaukee Miracle League can be physically demanding. I affirm that my child's health is good, and that my child is under a physician's care for any undisclosed condition that bears upon my fitness or health to participate in any activities presented by the YMCA of Metropolitan Miracle League. I recognize the inherent risk of injury while participating in the YMCA of Metropolitan Milwaukee Miracle League. I understand that each participant must assume the risk of physical injury that could result from any of these activities. I release the YMCA of Metropolitan Milwaukee and the Miracle League staff /volunteers from all liability for any injury or disability that may occur while participating in the YMCA of Metropolitan Miracle League. I also understand that with this YMCA of Metropolitan Milwaukee Miracle League, information from programs may be released for educational purposes and demonstrations to improve program development and future replication.

The YMCA of Metropolitan Milwaukee and Miracle League are not responsible for lost, stolen, or damaged personal articles. I agree to waive any claims against the YMCA and its members and volunteers to injuries or damages that may result from the conduct of other persons, including participants in the YMCA's programs. I also understand that the YMCA of Metropolitan Milwaukee and Miracle League reserves the right to withdraw a child from the program, at the YMCA's discretion, if the enrollment of the child negatively affects the integrity of the program and/or the YMCA's legal obligation through and under the Division of Children and Family Services. (DCF 252)

Parent or guardian signature: _____ Date: _____

Photo Permission/Release

Permission is also given to use any video or photographs that my child may be in for future YMCA, Miracle League, and its affiliate's promotions.

Parent or guardian signature: _____ Date: _____

Registration Fee: \$20/player for Fall Season

Please make checks payable to: YMCA of MILWAUKEE

Please return forms to: Jeanette Nowak - Miracle League
YMCA of Metropolitan Milwaukee
161 W. Wisconsin Ave. Milwaukee, WI 53203
jnowak@ymcamke.org or 414-357-2833