

2015 MIRACLE LEAGUE SPRING TRAINING AT MILLER PARK

SATURDAY, MAY 23

Join us as the Miracle League of Milwaukee hosts its third annual Spring Training. This year the event will be hosted at Helfaer Field, just outside of Miller Park. Players and volunteers will have the opportunity to go on the field for a throwing, hitting, and fielding tutorial put on by the Wisconsin School of Baseball. The event will continue in the pavilion alongside Helfaer Field where there will be food, drinks and entertainment.

LOCATION: Helfaer Field, outside of Miller Park

TIME: 10:30am-12:30pm

FEE: \$10/person

To register, complete the form on the back of this flier. For more information, contact:

James Lundstrom Miracle League Program Specialist Phone: (414) 357-2833

Email: jlundstrom@ymcamke.org





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Child's Name: _____ Date of Birth: ____ Phone:

Address: _____ City/State/Zip: ____

Parent(s)/Guardian(s) Name(s):

Parent/Guardian Authorization

REGISTRATION FORM

I understand that parts of the YMCA of Metropolitan Milwaukee Inclusive Programming 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 Milwaukee. I recognize the inherent risk of injury while participating in YMCA of Metropolitan Milwaukee programs. I release the YMCA of Metropolitan Milwaukee and League staff/volunteers from all liability for any injury or disability that may occur while participating in the YMCA of Metropolitan Milwaukee programs. The YMCA of Metropolitan Milwaukee is 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 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: _____

Please return completed registration form to:

James Lundstrom 161 W. Wisconsin Ave., Suite 4000 Milwaukee, WI 53203 Email: jlundstrom@ymcamke.org