MIRACLE LEAGUE OF MILWAUKEE
FALL 2015 SEASON PLAYER REGISTRATION

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 (formerly John C. Cudahy YMCA). Teams will be assigned prior to the season beginning. The season will kick off with a Skills Clinic on Tuesday, September 8. Games will be played on Saturday mornings at10:00am beginning on September 12. This season will also include an All-Star game, set to take place on Tuesday, September 15. Registration for the All-Star Game is separate. The Miracle League season will wrap up on Saturday, September 26.

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_____

Parent(s)/Guardian(s) Name_____ Parents DOB_____

Address_____ City/State/Zip_____

Home Phone_____ Cell Phone_____

Email Address_____

Emergency Contact_____ Emergency Contact Phone_____

Have you ever played Miracle League baseball? Yes/No If Yes, what team_____

Player Shirt Size (Circle One) Youth: S M L XL OR Adult S M L XL 2XL 3XL

About my Child:

Disability_____

Special Needs or Requirements_____

_____

(Circle One) Verbal/Non-Verbal If Non- Verbal how do they communicate_____

Is your child on any medications? No_____ Yes__ If yes, please specify_____

_____

Does your child have seizures? Yes_____ No_____

Is there anything that may cause problems in your child's behavior No_____ Yes_____

If yes please specify_____

Additional Information that may be helpful to the care of your child: _____

_____

Assistive Devices

(Check all that Apply) wheelchair_____ walker_____ other_____

Please list any other assistive devices, braces, or mobility equipment used:

_____

Other Characteristics of Behavior (Check all that are applicable)

Does your child have a tendency to wander? Yes_____ No_____

Does your child have aggressive behavior? Yes_____ No_____

Can your child manage their anger and frustration? Yes_____ No_____

Is your child toilet trained? Yes_____ No_____ If no, do they wear a diaper?_____

Does your child indicate a need to use the washroom? Yes_____ No_____

Does your child use the toilet independently? Yes_____ No_____

Does your child understand the concept of time? Yes_____ No_____

Can your child identify colors? Yes_____ No_____

Will your child indicate an activity preference? Yes_____ No_____

Will your child play/interact cooperatively with another participant? Yes_____ No_____

Buddies

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

Adult Young Adult Teen

I would like to provide my child's own Buddy. Name of Volunteer is_____
(Just a reminder, volunteers need to fill out registration form too.)

How did you hear about Miracle League of Milwaukee?_____

YMCA of Metropolitan Milwaukee
Pre-Physical Activity Experience Survey

Directions: Parents should complete this survey BEFORE program participation.

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

Native American _____ Asian/Pacific Islander _____ Other _____

*This survey measures the player's level of physical activity before joining a Y Program.
Child's Ht:_____' _____" Child's Wt: _____lbs.

1. Prior to the Miracle League Program, how many hours of physical activity does your child get during the week outside of school?

   0 ___ 30 min.____ 1- 2 hours ____ More than 2 hours _____ 3-5 hours ____ More than 5 hours_____

2. Prior to the Miracle League Program, how many hours of physical activity does your child get each day outside of school?

   0 ____ 30-60 Minutes _____ 1-2 hours _____More than 2 hours _____

3. What does your child do for physical activity at home per week/per day and how long is he/she engaged in that activity?

4. Prior to the Miracle League Program, how many programs is/was your child involved in during the past year at the YMCA of Metropolitan Milwaukee and what programs where they?

5. How much physical activity with the participant in an average week is spent with the whole family involved? (Please include the activity and how long.)

   0 ____ 1-2 hours_____More than 2 hours _____ More than 5 hours _____More than 10 hours _____

   Activity:

6. Is your child able to commit to the full 8-week Miracle League Program?
   Days planning on being absent on vacation:

7. Are there specific baseball skills you want your child to learn about during the Miracle League program?
   No___ Yes___ If yes, what are they?

8. Are you willing to share your tory/experience of the Miracle League with others? Please do so below.

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: $10/player for fall season (Includes uniform or same jersey from summer for returners, uniform, gloves, helmets, bats)
Special Offer: $5 off for every family member or sibling that signs up!
$25/player All-Star Game – Optional (Registration is separate)

Please make checks payable to: YMCA of MILWAUKEE

Please return forms to: James Lundstrom – Miracle League of Milwaukee
Milwaukee YMCA
161 W. Wisconsin Ave. Milwaukee, WI 53203
jlundstrom@ymcamke.org or 414-357-2833