



YMCA OF METROPOLITAN MILWAUKEE
Northwest YMCA
9050 N. Swan Road
Milwaukee, WI 53224
P 414.357.2833 | ymcamke.org

Miracle League of Milwaukee 2015 All-Star Game Registration

Please complete all fields and return to the Miracle League of Milwaukee before September 1.

Player Name_____ Nickname_____

(Circle one) Male/Female DOB_____ Age_____

Parent(s)/Guardian(s) Name_____

Address_____ City/State/Zip_____

Home Phone_____ Cell Phone_____

Email Address_____

Emergency Contact_____ Emergency Contact Phone_____

Where is your home Miracle League_____

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?_____

Assistive Devices:

(Check all that apply) Wheelchair_____ Walker_____ Other_____

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

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

Any advice you would like to give your child's Buddy? _____

#	MIRACLE LEAGUE ALL-STAR ATHLETE/SPECTATOR	COST
	Miracle League All-Star Athlete (\$25 Per Person)	
	Spectator(s) (\$25 Per Person)	
	TOTAL	

[] Check for my payment is included.

Make checks payable to: YMCA of Metro Milwaukee

[] Please charge my credit card

Circle one: Visa MasterCard

Account #: _____ Exp Date: _____

Signature: _____ Date: _____

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 Milwaukee 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 Milwaukee 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: _____

Please return this complete form and payment to:

YMCA of Metropolitan Milwaukee
Attn: James Lundstrom
161 W Wisconsin Ave Ste 4000, Milwaukee, WI 53203