



MIRACLE LEAGUE OF MILWAUKEE SUMMER 2018  
SEASON PLAYER REGISTRATION



The Miracle League of Milwaukee is an organized baseball league for children ages 4-21 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. Games will be played on Tuesdays, Wednesdays or Thursdays at 5:30pm or 7pm, starting June 11, with an option for an extra game day pending registrations. The 2018 All Star Game will be held Saturday July 21<sup>th</sup>, 2018.

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. Payment must be received prior to the start of the season, please contact us for financial assistant.

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 \_\_\_\_\_

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(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?

## 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 were 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 story/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: \$35/player for summer season (Includes uniform, uniform, gloves,  
helmets, bats)  
\$35/player All-Star Game – Optional (Registration is separate)

Please make checks payable to: YMCA of MILWAUKEE

Please return forms to: Leila Wright-Miracle League

Rite-Hite Family YMCA  
9250 N Green Bay Road  
Brown Deer WI 53209

[www.miracleleaguemilwaukee.org](http://www.miracleleaguemilwaukee.org)