



**2014 SEASON**  
**CELEBRATING 5 YEARS OF BASEBALL FUN AND FRIENDSHIP!**  
 Miracle League of the Fox Valley  
 Player Registration Form

The Miracle League of the Fox Valley is an organized baseball league for children ages 4-19 with cognitive and/or physical disabilities. Games are played at the John Wollner Fox Cities Miracle Field facilities in Memorial Park, Appleton. Players will be notified of their team mid April, 2014. A mandatory League meeting will be scheduled at the end of May. Opening Day is Saturday, June 7, 2014.

**The registration deadline for a player is MARCH 28, 2014.**

*Please print legibility and fill out front & back of form.*

Player Name \_\_\_\_\_ Nickname \_\_\_\_\_

(circle one) Male / Female    DOB \_\_\_\_\_    Age as of June 1 \_\_\_\_\_    School \_\_\_\_\_

Parent(s)/Guardian(s) Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Cell# \_\_\_\_\_

Email Address \_\_\_\_\_ Emergency Contact and Phone # \_\_\_\_\_

This is my first year playing Miracle League baseball: YES/NO    If no, team/coach name from last year \_\_\_\_\_

This will be my  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup> year as a player

How did you hear about the Miracle League of the Fox Valley? \_\_\_\_\_

*\*\*\*In the best interest of the player, a parent/guardian must be on site during the player's baseball game; this is not a drop off league.*

**Player Shirt Size** (circle one)    **YOUTH:** S M L XL **OR** **ADULT:** S M L XL 2XL 3XL.

*If the wrong shirt size is ordered, a \$20 fee will be charged for a replacement.*

**ABOUT MY CHILD:** please provide specifics, this will assist in the volunteer match for your child.

**Diagnosis** \_\_\_\_\_

**Please include any information that will support the success of your child: special needs, requirements, schedule requests or team requests:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**My child is** (pls. check) Verbal \_\_\_ Non-Verbal \_\_\_    **My child uses:** (pls. check) wheelchair \_\_\_ walker \_\_\_ other \_\_\_\_\_

**\*\*\* Volunteer Buddy INFORMATION \*\*\***

\_\_\_\_\_ I will be providing my child's own buddy. Name of volunteer buddy is \_\_\_\_\_  
*Just a reminder, volunteers need to fill out registration form too.*

\_\_\_\_\_ I would like my buddy from last year - Name of volunteer buddy \_\_\_\_\_  
*Just a reminder, volunteers need to fill out registration form too.*

\_\_\_\_\_ I would like the Miracle League to provide a buddy to be on the field with my child. Which type of Buddy would be best for your child?  
 (circle one)    Adult            Young Adult            Teen

I give authorization for my above-named to participate in the Miracle League of the Fox Valley. I know that participation in baseball may result in serious injuries, and protective equipment does not prevent all injuries to players, and I do hereby waive, release, absolve, indemnify, and agree to hold harmless the Miracle League of the Fox Valley, Goodwill NCW, and the City of Appleton, their organizers, sponsors, agents, insurers, supervisors, participants, and volunteers, from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.

I hereby grant the Miracle League of the Fox Valley, its affiliates, franchises, advertising, and promotional agencies, and their agents, the irrevocable, unrestricted right to use, publish, display and distribute materials bearing my name, voice, likeness or any other identifiable representation of myself, my family members including my Miracle League player/child. These materials may appear in any form, style, color or medium whatsoever (including, without limitation, photographs, video tapes, films, sound recordings, software, drawings, prints, broadcast, internet and electronic media). I agree that all material containing any identifiable representation of me (including without limitation, all negatives, plates and masters of any photographs, files, prints or tapes) shall be and remain the sole and exclusive property of the Miracle League of the Fox Valley.

I hereby release and forever discharge the Miracle League of the Fox Valley from any and all liability and damages relating to the use of my name, voice, likeness or any other identifiable representation of me. I hereby waive any right I may have to inspect or approve the finished materials or any part or element thereof that incorporate my name, voice, likeness or any other identifiable representation of myself, my family including, my Miracle League player/child.

By signing below, I acknowledge that I have fully read and understand this document and I have had questions regarding its effect or the meaning of its terms answered to my satisfaction. I certify that I am at least 18 years of age, unless this document is also signed by my parent or legal guardian.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

### Registration Fee:

**\$45/player**

(\$5 discount for multiple family members)

Player scholarships are available, email – NEW email [mlfoxvalley@gwicc.org](mailto:mlfoxvalley@gwicc.org)

Please consider making a donation to support the Miracle League of the Fox Valley Player Scholarship Fund

\_\_\_\$5 \_\_\_\$10 \_\_\_\$15 \_\_\_\$20 \_\_\_other\_\_\_

Please make all checks payable to: **GOODWILL/MLFV**

**Mail completed form & registration fee to:** *Lisa Robbins, attn: MLFV, 3600 N. Bracken Drive, Appleton, WI 54911*

### CONTACT US:

NEW email [mlfoxvalley@gwicc.org](mailto:mlfoxvalley@gwicc.org)

[www.foxvalleymiracleleague.com](http://www.foxvalleymiracleleague.com)

[www.facebook.com/foxvalleymiracleleague](https://www.facebook.com/foxvalleymiracleleague)



The Miracle League of the Fox Valley is a program of Goodwill NCW