



## MIRACLE LEAGUE PARTICIPANT PACKET Spring 2018

There is nothing more heartwarming than to see children playing America's favorite pastime. But for children facing serious physical and mental disabilities, that opportunity isn't always easy to achieve. Baseball diamonds are not exactly designed for athletes with wheelchairs or crutches in mind. With your help, we can remove these barriers and allow these special athletes to experience the joy of playing baseball.

Miracle League fields remove the obstacles that arise from the natural grass fields used in conventional youth facilities. Miracle League teams play on a custom-designed, rubberized surface field which will accommodate wheelchairs and other assistive devices. In other words, it levels the playing field where children can hit, run and catch - just as they envisioned in their dreams!

The Miracle League of Stanislaus County provides a community outreach for volunteers from young and old to benefit from the action on the field. Through the "buddy" program, youth and community volunteers partner with our players to provide assistance and encouragement. The partnership benefits both sides as they share the great American pastime to find common ground and, most importantly, friendships.

Miracle League will run an eight (8) week season starting **Saturday, March 17th** and ending **Saturday, May 12th**. All games will be on Saturdays. Schedules will be released after registration is closed.

**Cost: \$40**

"Every child deserves a chance to play baseball."

**Contact Information:** Please return the **completed** registration form, form of payment (**checks payable to Miracle League**), Emergency Information & Instruction form, Waiver & Release of Liability form to Society for disABILITIES at 1129 8<sup>th</sup> Street, Ste. 101, Modesto, CA 95354. For more information please contact Miracle League at (209) 900-4515 or [miracleleaguemodesto@gmail.com](mailto:miracleleaguemodesto@gmail.com)

***Please keep this sheet for future reference***

***Please return this completed and signed form to Miracle League C/O Society for disABILITIES 1129 8th Street, Ste. 101, Modesto, CA 95354***

***Phone: (209)900-4515 Fax: (209)524-1205 Email: miracleleaguemodesto@gmail.com***



## Registration Form Spring 2018

PLEASE FILL IN ALL BLANKS AND PRINT LEGIBLY. INCOMPLETE REGISTRATIONS WILL NOT BE ACCEPTED.

Player First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Please Provide Disability: \_\_\_\_\_  Verbal  Non-Verbal

Please list the use of any adaptive equipment: \_\_\_\_\_

What school does your child attend? \_\_\_\_\_

Age: \_\_\_\_\_ (5 – 17) Birth Date: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex  M  F

Shirt Size: Child  S  M  L  XL or Adult  S  M  L  XL  Other: \_\_\_\_\_ Hat Size:  Child  Adult

Parent or Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Are you interested in:  Coaching  Team Parent

Would you also like us to use this information for Fall season?  Yes  No

Email (REQUIRED) \_\_\_\_\_

How did you find out about Miracle League? \_\_\_\_\_

Have you participated in other Society for disABILITIES programs?  Yes  No If yes, which one(s)?

Please list medications, health conditions, allergies, dietary restrictions and any special instructions regarding your child:

What do we need to know in order to safely and successfully work with your child in an activity setting? Are there any activity limitations? Please be specific.

What PRECAUTIONS, SPECIAL INSTRUCTIONS, RESTRICTIONS, OR BEHAVIORS, etc., do we need to know about? **Are there any effective strategies or procedures that would be helpful in working with player?**

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## Miracle League Participant Emergency Information

Player Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent or Guardian Name(s): \_\_\_\_\_

**Please Note: Parent or guardian must be present and available during Miracle League in case of emergency**

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Any other instructions or information you think is important to know? Comments?

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## Miracle League Participant Photo Release Waiver and Release of Liability

I request that my child be allowed to participate in the *Miracle League*, and agree to the following:

1. I acknowledge and fully understand that my child as a minor participant will be engaging in activities that may involve risk of serious injury, including permanent disability and death. I am aware of the many dangers and inherent risks in the sport of baseball including without limitation: risks of collision with objects and or, Springing. I also acknowledge that there may be other risks not known to me or not reasonably foreseeable at this time.

2. I assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.

3. Myself and my family release, waive, discharge and promise not to sue Miracle League or Society for disABILITIES, its volunteer instructors and director, its staff, executive director, board of directors, property owners, volunteers, or other participants of *Miracle League* for any personal injury, property damage, or other damages that may arise from my participation in *Miracle League*, regardless of whether such injury or damage is caused by negligence or carelessness of the *Miracle League* Program.

4. I agree that photographs of me or child, and/or my name, my child's name may be published in, or used by Miracle League, Society for disABILITIES and any of the media or mass communication (including newspapers, magazines, television, pamphlets, brochures, newsletters, reports, social media, etc.) without any liability on the part of Miracle League or Society for disABILITIES.

5. I have talked to my physician, who has acknowledged, that my child is physically capable to engage in the sport of baseball. I have given an accurate description of my child's disability and medical needs on the *Miracle League* participant application.

6. I agree that the staff and volunteers of the *Miracle League* and Society for disABILITIES may authorize emergency medical treatment for me, or for my child, up to and including emergency hospitalization and surgery. I give the Miracle League, Society for disABILITIES and volunteers the right to determine the appropriate medical facility/provider in the absence of a parent or caregiver. I agree to be personally responsible for any related medical expenses.

**I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.**

PARENT NAME (PLEASE PRINT CLEARLY): \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARTICIPANT NAME (PLEASE PRINT CLEARLY): \_\_\_\_\_

**\*PARENT SIGNATURE IS REQUIRED IF UNDER 18**

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