



2018 Chippewa Valley Miracle League Season **PLAYER** Registration  
**Registration deadline is March 31, 2018**

The Chippewa Valley Miracle League is an organized baseball league for children ages 4-19 with cognitive and/or physical disabilities. Players will be notified of their team April 2018.

**A MANDATORY league meeting will be scheduled for Saturday, April 28th.**

League play will begin the week of June 11<sup>th</sup> and ending the week of August 6<sup>th</sup>

An optional All Star game will be scheduled for the week of August 13<sup>th</sup>

Games are played on Monday and Wednesday evenings at 5:45 pm and 7:00 pm.. Each player will play only one game a week.

**Registration deadline is March 31, 2018**

*Please print legibly and fill out entire form.*

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

(circle one) Male / Female    DOB \_\_\_\_\_    Age as of June 1, 2017 \_\_\_\_\_    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 name from last year \_\_\_\_\_

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.*

**To Help Us Better Connect With Your Child**

Does your child have any nicknames?

\_\_\_\_\_  
Please share some of your child's "favorites" (foods, toys, games, characters, songs/music, etc)  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any specific interests or hobbies (I.E. sports, tv shows, movies, games, etc)

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any unique talents?

\_\_\_\_\_  
\_\_\_\_\_

Is your child left handed or right handed?

What are you expecting to gain from the league?

\_\_\_\_\_

**Please tell us about your child's diagnosis. You know your child best and we use this information to help pair your child with a buddy. Thank you! Please provide specifics**

Disability (please check ALL that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Intellectual/Cognitive disability                   | <input type="checkbox"/> Orthopedic Disability     |
| <input type="checkbox"/> Down Syndrome                                       | <input type="checkbox"/> Spina Bifida              |
| <input type="checkbox"/> Specific Learning Disability (please explain) _____ |  |
| <input type="checkbox"/> Hearing Impairment                                  | <input type="checkbox"/> Visual Impairment         |
| <input type="checkbox"/> Muscular Dystrophy                                  | <input type="checkbox"/> Asperger's Syndrome       |
| <input type="checkbox"/> Cerebral Palsy                                      | <input type="checkbox"/> Cardiac Impairment        |
| <input type="checkbox"/> ADHD  | <input type="checkbox"/> Epilepsy/Seizure Disorder |
| <input type="checkbox"/> Autistic  | <input type="checkbox"/> General Motor Impairment  |
| <input type="checkbox"/> Other (please specify) _____                        |  |

Does your child require any assistive devices, such as: electric or manual wheel chair, braces, hearing aids, glasses, contacts or other mobility equipment?

No  Yes If yes, please list \_\_\_\_\_

**General Characteristics of Behavior/Activity Level**

Can your child communicate verbally?  Yes  No, Other communicative devices used \_\_\_\_\_

Is your child a wanderer/runner?  Yes  No

Does your child have aggressive behavior?  Yes  No  
If yes, explain behavior(s) \_\_\_\_\_

Is your child toilet trained?  Yes  No

Will your child indicate a need to use the bathroom  Yes  No

Can your child use the bathroom independently  Yes  No

What behavior (positive & negative) management tools/tips work well with your child:  
\_\_\_\_\_  
\_\_\_\_\_

List any actions or activities that frighten your child or cause them to shut down \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any other pertinent information that may help our team work more efficiently and effectively with your child during league?  
\_\_\_\_\_  
\_\_\_\_\_

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

Does your child prefer a male or female volunteer? \_\_\_\_\_

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 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.*

How did you hear about The Chippewa Valley Miracle League?  
\_\_\_\_\_

I give authorization for my above-named to participate in The Chippewa Valley Miracle League. 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 Chippewa Valley Miracle League, Goodwill NCW, and the City of Eau Claire, 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 Chippewa Valley Miracle League, 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 Chippewa Valley Miracle League.

I hereby release and forever discharge The Chippewa Valley Miracle League 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)  
\$60/player if received after registration deadline

Player scholarships are available. Please request scholarship form via [cvmiracle@goodwillncw.org](mailto:cvmiracle@goodwillncw.org)

**If you plan to utilize a different funding source (county program, etc) please indicate where the registration fee will be coming from:**

Please note that we will need confirmation of funding before your child can be placed on a team

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

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

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

***Click on the "Submit" button to submit registration or print and mail completed form and league fee to: Amy Standiford, attn: CVML 2913 Blakeley Ave, Eau Claire, WI 54701***

**League Fees will be due by the date of the mandatory League Meeting (April 28<sup>th</sup>)**

#### **CONTACT US:**

Email registration questions: [cvmiracle@goodwillncw.org](mailto:cvmiracle@goodwillncw.org)

Web: [www.chippewavalleymiracleleague.com](http://www.chippewavalleymiracleleague.com)

Find us on Facebook: [www.facebook.com/CVMiracleLeague/](http://www.facebook.com/CVMiracleLeague/)



The Chippewa Valley Miracle League is a program of Goodwill NCW