



2021 Chippewa Valley Miracle League VOLUNTEER Registration

The Chippewa Valley Miracle League is an organized baseball league for children ages 4-19 with cognitive and/or physical disabilities. Players and buddies will be notified of their team in April 2021.

League play will begin the week of JUNE 7TH ending the week of AUGUST 2ND
There will NO GAMES the week of JULY 5th
With an optional All Star game to be scheduled for the week of AUGUST 9TH

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

Player Registration deadline is March 31, 2021 (volunteer registration will remain open until spots are filled)

Please print legibly and fill out entire form.

Name _____ DOB _____ Age _____ M/F

Address _____ City, State, Zip _____

Phone # _____ Cell# _____

Email Address _____ Shirt Size (circle one) **Adult: S M L XL 2XL 3XL**

How did you hear about the Miracle League? _____

Please list any community organizations, clubs or teams sports that you are involved with

If you are a student, what school do you attend? _____

A volunteer buddy is paired with a player for the entire season and is expected to attend all of the player's games during the eight-week summer Miracle League season.

>>>>> **Players are not allowed to play without an on field "buddy"** <<<<<<

I am interested in **Volunteer Opportunities** (pls. check)

- buddy = a buddy needs to be **14 years of age as of June 1, 2021** sub-buddy = only when needed
- umpire = one game per week unless request more
- coach = two coaches per team is preferred
- game announcer (experience is preferred)
- field set up = sound system, flag,
- "Homer" (mascot)
- singer = "National Anthem" and/or "Take Me Out to The Ballgame"
- fundraising = events, spirit wear
- promotional events = public appearances, parades, PSA's, etc.

This will be my 1st 2nd 3rd 4th 5th 6th 7th year as a volunteer.

I was a volunteer buddy in past years. no yes If yes, my player was _____

Team or Coach Name _____

I would like to be a volunteer buddy for (name of player) _____

I prefer a player that is Male or Female or either is fine (please circle)

I have _____ years of experience with: youth sports baseball individuals with disabilities

Please list any and all **qualifications, team requests, player's requests, game night requests or other information** that you feel are important to matching you with a Miracle League player.

In consideration for the Miracle League of the Chippewa Valley providing the opportunity for me to participate in Miracle League baseball, the undersigned does hereby release and agree to indemnify and hold harmless Goodwill NCW, the City of Eau Claire, Miracle League of the Chippewa Valley and its officers and directors from any and all claims for personal illness, injury, death, property damage, or any type of claim or damage (including but not limited to attorney's fees or litigation expenses) resulting from my activities in connection with participation in Miracle League baseball or the participation of any family member or guest of the undersigned. I assume all risks and hazards incidental to such participation in Miracle League games and activities and consent for me to receive first-aid and/or emergency care by a qualified Emergency Medical Technician or physician or other person qualified to render medical assistance in the event I suffer an injury during sanctioned games and activities. I agree to follow all safety guidelines set forth by Miracle League of the Chippewa Valley and Goodwill NCW. These guidelines are subject to change over time and with notice.

I understand that there will be media and promotional coverage of Miracle League games and activities and I give my consent to publish my name and picture for such purposes. I hereby grant the Miracle League of the Chippewa Valley and Goodwill NCW, 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 and my family members. 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 social media). I agree that all material containing 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 Chippewa Valley and Goodwill NCW.

I hereby release and forever discharge the Miracle League of the Chippewa Valley and Goodwill NCW from any and all liability and damages relating to my name, voice, likeness or any 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 incorporates my name, voice, likeness or any other identifiable representation of myself and my family. I have agreed to the above in consideration of the opportunity given to me by the Miracle League of the Chippewa Valley to appear in these materials.

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.

Do any of your relatives work for Goodwill? Yes No Names: _____

Have you been convicted of a crime? Yes No If yes, please explain the nature of the crime, date, & state of conviction: _____

By signing this form, Goodwill NCW is authorized to perform a background check on the volunteer participant. 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.

Volunteer Signature: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name of Parent/Guardian: _____

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

CONTACT US:

Email: astandiford@goodwillncw.org
www.chippewavalleymiracleleague.com/
www.facebook.com/CVMiracleLeague/

