



2022 Chippewa Valley Miracle League **PLAYER** Registration
Registration deadline is March 31, 2022

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 May 2022.
 League games begin the week of JUNE 6TH ending the week of AUGUST 1ST NO GAMES the week of JULY 4th
 All Star game the week of AUGUST 8TH

Games have previously been played on Monday and Wednesday evenings at 5:45 pm and 7:00 pm. Given the increase in player participation, we may have to add other nights to the league. **Each player will only play one game per week

Please print legibly and fill out entire form.

Player Name _____

(circle one) Male / Female DOB _____ Age as of June 1, 2022 _____ School _____

Parent(s)/Guardian(s) Name _____

Address _____ City, State, Zip _____

Phone # _____ Cell# _____

Email Address _____

Emergency Contact and Phone # _____

Race _____ Total Number of members in household _____ males _____ females _____

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.

Please double check sizes!! If between sizes, order up!!

All orders are player specific. There are not extra sizes, once the season starts, we CAN NOT order a replacement jersey.

>>>>>Game night preference: M/W _____ T/Th _____

To Help Us and Your Players Buddy Better Connect With Your Child

The more detailed, descriptive information you provide will help match the players and buddies and provide a positive experience for everyone

Does your child have any nicknames?

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

 What are your child's 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 wheelchair, braces, hearing aids, glasses, contacts, or other mobility equipment?

No Yes If yes, please _____

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? **THIS IS VERY IMPORTANT!!!** Yes No

If yes, explain behavior(s)(ex: biting, hitting, etc and when they may happen)

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, ALL VOLUNTEERS need to fill out the registration form, too.

I would like my buddy from last year - Name of volunteer buddy _____
Just a reminder, ALL VOLUNTEERS need to fill out the registration form, too.

How did you hear about The Chippewa Valley Miracle League?

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 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.

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 (March 31st)

If utilizing a different funding source (county program, etc.) please indicate your case workers name & their contact information:

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

Player scholarships are available. Please request scholarship form via astandiford@goodwillncw.org

Please consider donating 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: MLCV
2913 Blakeley Ave
Eau Claire, WI 54701

CONTACT US:

Email registration questions: astandiford@goodwillncw.org

Web: www.chippewavalleymiracleleague.com

Find us on Facebook: www.facebook.com/CVMiracleLeague/