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FOR HEALTHY LIVING
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The Johnson Family of Companies

MIRACLE LEAGUE

There's just something about baseball that lights up a kid's eyes!

It's an experience that every kid deserves...and through the Miracle League it's an experience that every kid can enjoy. The Miracle League is a baseball program for kids with physical and developmental disabilities. The Miracle League offers these special kids the opportunity to break through the perceived boundaries of their disabilities, while making new and lasting friendships and having fun.

The Miracle League has three special rules:

Every player gets a hit • Every player gets on base • Every player scores

Kids with special needs aren't the only ones who benefit:

Through the Volunteer Buddies program, able-bodied members of the community are partnered with Miracle League players to provide playing assistance, encouragement and friendship.

Ages

Kids with physical and developmental disabilities, 3-19 years old

When

Spring

Wednesday, May 15th - July 10th; 6:00-7:00pm
Awards Picnic: Wednesday, July 10th; 6:00-7:00pm
*Buddies please arrive by 5:30pm

Fall

Wednesday, September 4th - October 16th; 5:30-6:30pm
*Buddies please arrive by 5:00pm



Where

Games are played on the Rotary Miracle Field, located at the Kenosha YMCA. Custom-designed, with a cushioned synthetic turf surface, the Miracle Field accommodates wheelchairs & walking assistance devices.

Contact

Beth Volbrecht, Aquatics & Sports Director at 262.654.9622 ext. 224. Registration form ON THE BACK; forms should be turned in at the member service desk.

Member & General Public

FREE

KENOSHA YMCA
7101 53rd Street, Kenosha WI 53144
P 262 654 9622 F 262 653 9886, www.kenoshaymca.org

SPECIAL THANKS TO OUR LEAGUE SPONSORS!

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KENOSHA YMCA

Miracle League Player & Buddy Registration Form



MEMBER / NON-MEMBER

LAST NAME PARTICIPANTS' FIRST NAME

MAILING ADDRESS CITY STATE ZIP

MALE / FEMALE

DOB AGE

HOW DID YOU HEAR ABOUT OUR PROGRAM

CURRENT GRADE LEVEL: K 1 2 3 4 5 Middle School High School School:

T-SHIRT SIZE: YOUTH S (6/8) M (10/12) L (14/16) | ADULT S M L XL 2XL

DIAGNOSIS

OTHER SPECIAL NEEDS OR REQUIREMENTS

Wheelchair: YES NO Walker: YES NO Other:

PREVIOUS TRAINING / RELATED EXPERIENCE

PARENT / GUARDIAN NAME (if under 18) HOME PHONE WORK PHONE

I would like to be a Volunteer Buddy: YES NO

CELL PHONE EMAIL ADDRESS

NAME RELATIONSHIP TO VOLUNTEER HOME PHONE

I would like to be a Volunteer Buddy: YES NO

CELL PHONE EMAIL ADDRESS

PHOTO/TALENT RELEASE: I hereby irrevocably release, consent and authorize the Kenosha YMCA and its agents to use my photo/likeness/voice, as it pertains to my participation with the Kenosha YMCA, in any manner for promotional efforts without expectation of or right to any reimbursement in connection with its use.

CONSENT TO MEDICAL TREATMENT: As the parent or legal guardian of the above named registrant, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my dependent.

SIGNATURE AND DATE: _____

(Parent/Guardian Signature for ALL Players & Buddies that are under 18)