

The Johnson Family of Companies

MIRACLE LEAGUE



It's an experience that every kid deserves...

and through the Miracle League it's an experience that every kid can enjoy.

This baseball program for kids with physical and developmental disabilities offers these special kids the opportunity to break through the perceived boundaries of their disabilities, while making new and lasting friendships and having fun.

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 players to provide playing assistance, encouragement and friendship. Volunteer forms can be found on our website.

Where:

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

Ages:

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



THE KENOSHA
MIRACLE
LEAGUE

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



Miracle League has three special rules:

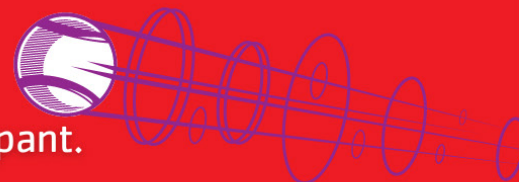
- Every player gets a hit
- Every player gets on base
- Every player scores

Spring/Summer League: May 25th – July 20th

First Practice: May 25th 5:30-6:30pm

First Game: June 8th 5:30-6:30pm

This program is offered at no cost to the participant.



For more information on this and other Kenosha YMCA Sports Programs please contact Blake at bcollins@kenoshaymca.org



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)