



Central Minnesota Fall League 2018

Played at,

Metro Lions Miracle Field at Whitney Park, St. Cloud, MN

Please complete one form per player. \$40 registration fee per player and per day of league.

Fees are non-refundable after August 27th

*****If you play both days, the fees are \$75.**

*****New Players to the League get their first season free. (Limited to one night of play, if two nights are chosen, the fee is \$40.)**

Registration Deadline: **NO later than Monday July 30th, 2018**

Registrations received after the deadline will not be accepted. The timeframe is necessary to create the teams, order jerseys, and notify players in a timely manner.

Player name: _____ Age: _____

Address: _____ Phone _____

City: _____ State: _____ Zip: _____

Sign me up for League play on: _____ Sunday _____ Tuesday

(NOTE: You DO NOT pick the time, just the day of the week to play.)

*****Opening Day is on your first night of baseball. Closing day is your last night.**

Tuesday game times 5:45 August 28th, September 4th, 11th, 18th, and 25th.

(Tuesday night will be limited to the first 20 registrants.)

Sunday game times 4:00 August 26th September 9th, 16th, 23th and 30th

*****No Game on Sunday of Labor Day weekend**

Please Print	Father/Guardian	Mother/Guardian
Full Name		
Telephone		
Email		

****Postage is expensive, communicating by email helps to control our cost. Your information will not be shared or abused.**

Emergency Contact & Phone: _____

I hereby give permission for the above named child to take part in all activities of the Miracle league of Central Minnesota for the current season. I assume all risks and hazards incidental to the conduct of the activities and transportation to and from such. I hereby release, absolve, indemnify and hold harmless Miracle League of Central Minnesota, organizers, sponsors and coaches appointed by them.

Parent/Guardian Signature: _____ Date: _____

CONTINUED ON REVERSE SIDE

- Several times a year, we have Groups that like to come in for a day and Volunteer. On those dates, would you be interested in having one of them Buddy for you? ____ Yes ____ No

Please share with us a little about your player and anything that you think may benefit league organizers to help make this the best possible experience for you/them. Please be specific. _____

____ Yes ____ No Is your player in a wheelchair, scooter, or uses a gait walker?
(This information is to help us alleviate congestion in the dugout)

Please indicate **PLAYERS** shirt size

Sizes are **Youth** S, M, L **Adult** S, M, L, XL, 2XL, 3XL

Please indicate BUDDY shirt size

Sizes are Youth S, M, L Adult S, M, L, XL, 2XL, 3XL

**If you are reusing your Buddy shirt from a prior season, check here ____ and you can deduct \$5 from your registration.

Once again, **we are in NEED of volunteers, specifically coaches!!** PLEASE consider donating your time so these kids can have a great time. Contact Ron if you are willing and able to volunteer this year. Please ask family, friends and neighbors to get involved. Without volunteers this will not happen.

Ron Mumm, Director of League Operations

Miracleleagueofcentralmn@gmail.com

320-420-8015

Submit Form and Fee by July 30th, 2018

Checks payable to: Miracle League of Central Minnesota-Registration

PO Box 1935

St. Cloud, MN 56302

PLEASE make sure you have read the materials carefully and filled in all the requested information!