



Miracle League of Northwest Montana

Summer 2025 Player Registration

MIRACLE LEAGUE IS FREE BASEBALL LEAGUE FOR INDIVIDUALS WITH ANY SPECIAL NEED

Programs Available:

Ages 3-6 Mini-Miracles Six week program. Mondays 4-5 pm on June 16, 23, 30 July 7, 14, 21.

Ages 6-Adult Recreational League All Abilities, New and Returning Players

Ages 16-Adult Competitive League Optional -Extended Rec League Season for higher skilled players ages 16+

Player's Full Name _____ Player/Guardian Email _____ Phone Number _____

Street Address _____ City _____ State _____ Zip Code _____

M/F _____ Birthday _____ Age _____ Preferred Shirt Size: _____ Adult / Youth

School/Current Program _____ Prior Team (if returning) _____

1:1 Assistance / Buddy Needed? Yes / No Special Accommodations Needed _____
(If parent or friend will always be on-site to assist you may select no above)

I agree, or give authorization for _____, to participate in the Miracle League of Northwest Montana, and I hereby release the Miracle League of Northwest Montana and Kidsports from any liability for injury that may occur while participating as a player or spectator during the season. I understand that participating in sporting activities includes risk of injury and sometimes death, and I knowingly accept these risks.

I understand that all minors must be accompanied by parent or guardian, who must remain at the Miracle Field site during practices and games, and are encouraged but not required to assist on the field.

I have agreed to the above in consideration of the opportunity given to me or my child by the Miracle League of Northwest Montana to participate in its program.

I acknowledge that I have fully read and understand this Registration form. I certify that I am at least 18 years of age and legally able to sign, unless this document is also signed by my parent or legal guardian.

Player's Printed Name _____ Player's Signature _____

Parent or Guardian Name _____ Parent or Guardian Signature _____
(if under 18 or under legal guardian / conservatorship)

Name and Phone Number of Emergency Contact: _____

Name and Phone Number of Medical Provider in Case of Emergency: _____

For additional information:

Director: Jennifer Johnson (406) 261-0117

Facebook: www.facebook.com/MiracleLeagueMT

Email / scan registrations to: miracleleaguennwmt@gmail.com

Mail registrations to: Miracle League c/o Jen Johnson 259 Northland Drive Kalispell, MT 59901

We are always in need of Coaches, Volunteers and corporate or individual Sponsorships