



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: miracleleaguenwmt@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