



Central Minnesota

Registration Form Fall League 2011

Played at

Metro Lions Miracle Field at Whitney Park

St. Cloud, MN

Please complete one form per player and include your registration fee

No later than Friday August 12, 2011 **(EXTENDED**

DEADLINE TO 8/19)

Player Name: _____ Age: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

E-Mail: _____

***HURRY EARLY REGISTRATION DISCOUNT FOR ALL PLAYERS WHO**

REGISTER BY JULY 25th!

• Registration fee: \$40.00/player/day of league play if signed up by July 25th

(Form and fee must be received by this date for discount to apply)

• Registration fee after July 25th is \$50.00/player/day of league play

Sign me up for League Play On:

Tuesdays Game times 6:00 pm/ (space is limited to 28 players) Aug.30th, Sept. 6th,13th, 20th, 27th

Saturdays Game times 9:15 am & 10:45 am/ Aug. 27th, Sept. 3rd, 10th, 17th, 24th

Sundays Game times 4:15 pm & 5:45 pm/ Aug. 28th, Sept. 4th, 11th, 18th, 25th

• NOTE: Days of play listing more than one time will mean that you're playing time will vary on these days depending on when your team is scheduled to play. Schedules are sent out in advance.

	Father/Guardian	Mother/Guardian
Full Name		
Telephone(s)		
E-Mail		

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*

Please check one:

- I will play with a Buddy the League Selects for me
- I will play with a Buddy the League Selects for me but request the same Buddy each week.
- I will be selecting my own Buddy

Please share with us a little about yourself and anything you think would benefit league organizers to help make this the best possible experience for you. *This is especially important if the league is selecting a Buddy for you.* _____

- Please check if your Player is in a wheelchair, scooter or uses a gait walker.
(*This information is to help alleviate congestion in the dugout.*)

Please Indicate Players Shirt Size _____

Please Indicate Buddy Shirt Size _____
Sizes: youth S, M, L, XL adult S, M, L, XL, 2XL, 3XL

How did you hear about our League? _____

**Note; Additional information will follow with your complete season schedule, additional information and list of events.*

Submit form and fee by; 08/12/11

TO: Miracle League of Central Minnesota Registration

c/o Dori Knapek

966 60th Ave SE

St. Cloud, MN 56304

Make checks payable to: Miracle League of Central MN

Please Contact your local League Manager if you have any additional questions & for volunteer and/or sponsorship opportunities. Also feel free to visit our web site at www.miracleleaguecentral.com

Dori Knapek, League Manager
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