

Champaign County Miracle Youth Softball League

Dear Parents and Children:

The Champaign County Miracle Youth League is a nonprofit softball league for children, ages 4-18, with any type of disability in Champaign and all surrounding counties, including: Logan, Clark, Madison, Shelby, etc. The league is for fun, not competition, with every child on the team batting and playing in the field, and with no score being kept. There will be no formal practices and games will be played on Sundays and will last for an hour each.

The safety of the children is the top priority, with a special softer softball being used and the use of “buddies” on the field to direct and help the children if needed. In order to further promote safety, unless a medical condition hinders the child from doing so, all children will be required to wear a helmet (all sizes provided) when batting and running the bases.

If your child is interested in participating in this program, the attached form must be completed and signed by a parent or guardian and returned to us no later than **May 3, 2010**. All registrations turned in after May 3rd will be unable to participate in the league this year due to the limited time restraints for organizational purposes.

***Want to be a volunteer? Please contact:**

Jesse Tropeano (founder) at (937) 652-2563

***To register your child,** I encourage you to fill this form out and **return it to the following address:**

CCMYL
P.O. Box 565
Urbana, OH 43078

The registration fee is \$15 for each child and can be paid by cash, check, or money order to CCMYL, with Registration written in the memo portion of checks. Registration price includes player’s t-shirt. Please mail the completed registration form, along with the registration fee, to the proceeding address on or before May 3rd.

Schedule Details

If you have any questions, feel free to contact Jesse Tropeano at (937) 652-2563.

- FEE DEADLINE:** Monday, May 3rd
- GAME DATES:** Begins Sunday, May 23rd and runs through August 1st (excluding May 30th and July 4th to accommodate for holiday weekends, and July 25th due to field availability); schedule is subject to change, with all participants being informed of any changes that occur.
- GAME TIME:** 4-5 pm
- LOCATION:** Melvin Miller Park, Urbana, OH 43078

Special Events

First Day of Season: Participants will get their team assignments, receive their t-shirts, meet their coach(es), and have an informal practice to get to know their teammates. They will also receive the game schedules for the season. Sponsors will be recognized. Details of league will be reviewed for new participants.

Halfway Through Season (date to be announced): CCMYL will invite the Logan County Miracle Youth League and the Clark County Miracle Youth League to join us at the park to participate in an optional activities day together. Get together with participants and their families from all three leagues in one location. Enjoy activities for participants and their families and take time to meet others involved in the Miracle Youth Leagues.

Last Day of Season: Children against parents games and an awards ceremony will follow.

Special Note: All parents or responsible parties for each child **must** remain at the softball program activities the entire length of the game.

REGISTRATION/RELEASE FORM

I would like to register my child for the 2010 Champaign County Miracle Youth League Softball Program. I understand that the Urbana Park and Recreation Department, Event Sponsors, Supervisors, Officials, Coaches, nor anyone connected with the program will assume any responsibility for accidents, medical or first aid services, dental, or other expenses incurred as a result of any course of instruction or play given the applicant. I also give the Champaign County Miracle Youth League Program the right to use my child's name, picture, portrait, or photograph in all forms of media, and in all manners, including composite or distorted representations, for advertising, trade or any other lawful purposes, and I waive my right to inspect or approve of the finished project, including written copy, that may be created in connection therewith. I acknowledge that neither my child nor myself are receiving any financial consideration or compensation. **Please print clearly.**

CHILD'S NAME: _____

PARENT/GUARDIAN NAME: _____

ADDRESS: Street: _____ City: _____ Zip: _____

PHONE: Home: _____ Cell: _____

GENDER: (circle one) **Boy** or **Girl**

T-SHIRT SIZE (circle one, for **PLAYER**): **Child** S M L or **Adult** S M L XL 2X 3X

T-shirts for family members can be ordered on the back of this form

*Will your child have his/her own buddy provided or will a buddy be needed for your child (check one of the below)? A buddy cannot be guaranteed for your child due to limited numbers of volunteers.

Buddy Needed ___ Buddy Provided ___ No Buddy Needed (will be independent) ___

***The Champaign County Miracle Youth League is not responsible for t-shirts for the buddies.**

I have read and agree to all of the above information and will encourage (by instruction and example) my child to exhibit good sportsmanship at games and other events involved.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

***Please complete both the front and back portions of the registration form before mailing it to the address listed on the previous page.**

* Original form provided by Rachel Chapman from the Allen County Abilities Baseball League.

EXTRA T-SHIRTS (for family members)

T-shirts are \$15 each and need to be paid for at the time of registration. Same payment options as registration apply.

* Please write in size (Child S, M, L or Adult S, M, L, XL, 2XL, or 3XL) and a single name that you would like printed on the back of the shirt. All shirt colors will match your child's team color.

- | | | |
|-----------|-----------|---------------------------|
| 1.) _____ | 2.) _____ | 3.) _____ |
| 4.) _____ | 5.) _____ | Total: #: _____ \$: _____ |

CODE OF CONDUCT (Participant)

I, _____, will display good sportsmanship at all times throughout the Miracle Youth League Season.

I will not use offensive verbal comments, gestures, or foul language toward other participants, their families, the coaches, or any other person involved or associated with the league.

I will be respectful toward my coach(es) and follow his/her/their instructions to the best of my ability at all times.

I will wear a helmet, as required, whenever I am batting or running the bases, for safety (unless there is a medical condition that prevents me from doing so.)

Participant's Signature

CODE OF CONDUCT (Parent/Guardian)

I, _____, will encourage my child to display good sportsmanship, through instruction and example, toward all others involved and associated with the Miracle Youth League.

I, or another responsible party, will remain at the site where my child is for the duration of all activities involved and related to the Miracle Youth League season.

Parent/Guardian's Signature

Failure to abide by the Code of Conduct you have signed above may result in expulsion from a game, the season, or the Miracle Youth League as a whole depending upon the action and the decision deemed appropriate by the Miracle Youth League staff without financial compensation given.