



4RKids, Enid Noon AMBUCS, and the Miracle League of Enid are again sponsoring t-ball / coach pitched baseball for children and adults with special needs. The Miracle League is a national organization dedicated to the mission that all children should have the opportunity to play ball, regardless of their ability.

The League is open to any child or adult (ages 5 and up) with developmental disabilities. There is a \$40.00 fee to enroll this year. Because of the major growth of Enid's Miracle League, two new teams have been created and the current teams are being redistributed. This \$40.00 fee will cover all new uniforms and insurance for the games. Even if you have previously played on a team and have a uniform already, the fee still applies, as you may be reassigned to a new team, or be given an updated uniform for your current team. After applications are submitted, teams will be assigned, and you will hear from your Coach after April 1st what team you are on. We do have limited scholarships available for those who need assistance. Contact 4RKids for a scholarship form.

I have included a registration form with this letter. Registrations are due to 4RKids by March 25th. Games start Saturdays beginning on April 20th with the last game and medal ceremony ending on June 15th at the ABC Park on North Van Buren. There will only be one game on May 25th. This will be a new All-Star Game with the Junior League World Series Baseball players for anyone who is in town and wants to play that weekend! Game schedule and roster will be available by April 12th.

We are looking for volunteers to be buddies on the field with our players. If you are interested in being a buddy, please call Mike Riddle at 580-747-1150. If you are interested in being a sponsor or helping coach a team, please contact me at 580-237-7890.

For any other questions please contact 4RKids.

Rachel McVay
Executive Director, 4RKids Foundation
580-237-7890
710 Overland Trail Enid, OK 73703

THE MIRACLE LEAGUE OF ENID Registration 2024

Due by March 25th



Player's Name _____

Phone Number _____ Street Address _____

City _____ State: _____ Zip Code _____

M/F _____ Age _____ Birthday _____

Parent / Guardian Name: _____ Phone Number _____

E-mail: _____ School _____

Diagnosis _____ *** Please see second page ***

Special Needs or Requirements _____

Wheelchair _____ Walker _____ Other _____

Players uniform Size: *(please circle one)*

Youth: S M L XL

Adult: S M L XL XXL XXXL

***Note:** Everyone is receiving new uniforms this year, even if you are still on the same team as last year. If your registration is not turned in by March 25th, you will not be guaranteed a shirt.

I give authorization for my child _____
to participate in The Miracle League of Enid, and do hereby release them of any liability for injury that may occur while participating as a player or spectator during the season. I hereby grant the Miracle League of Enid, its affiliates, franchises, advertising and promotional agencies, and their agents, the irrevocable, unrestricted right to use, publish, display and distribute materials bearing my name, voice, likeness or any other identifiable representation of myself, my family members including my Miracle League player/child. These materials may appear in any form, style color or medium whatsoever (including, without limitation, photographs, video tapes, films sound recordings, software, drawings, prints, broadcast, internet and electronic media.) I agree that all material containing any identifiable representation of me (including without limitation, all negatives, plates and masters of any photographs, files, prints or tapes) shall be and remain the sole and exclusive property of the Miracle League. I hereby release and forever discharge the Miracle League from any and all liability and damages relating to the use of my name, voice, likeness or any other identifiable representation of me. I hereby waive any right I may have to inspect or approve the finished materials or any part or element there of that incorporates my name, voice, likeness or any other identifiable representation of myself, my family including my Miracle League player/child. I have agreed to the above in consideration of the opportunity given to me by The Miracle League of Enid to appear in these materials. I acknowledge that I have fully read and understand this document and that I have had any questions regarding its effect or the meaning of its terms answered to my satisfaction. I certify that I am at least 18 years of age, unless this document is also signed by my parent or legal guardian.

Signature _____

Parent/Guardian Signature (if applicable) _____

IF FINANCIAL ASSISTANCE IS NEEDED, PLEASE MARK THIS BOX.

Scholarships are limited. Contact 4RKids for scholarship form and additional information: 580-237-7890

Current Prescription and Medication

Allergies

Primary Care Physician _____ Phone Number _____

Please make checks or money orders payable to: "Miracle League of Enid"

Mail check and registration form to:

4RKids Foundation

710 Overland Trail

Enid, OK 73703