



4RKids, Enid Noon AMBUCS, and the Miracle League of Enid are once 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 abilities.

The League is open to any child or adult (ages 5 and up) with developmental disabilities. There is a \$51.00 fee to enroll, which covers the cost of a jersey and insurance. If you use the uniform from a previous year, the fee will be \$23.00. We also have limited scholarships available for those in need of assistance. Contact 4RKids for a scholarship form.

I have included a registration form with this letter. Registrations are due to 4RKids by April 1st. Games will start on Saturdays beginning on April 19<sup>th</sup> with the last game and medal ceremony scheduled for May 31<sup>st</sup> at ABC Park on North Van Buren. There will only be one game on May 24<sup>th</sup>. This will be the All-Star Game, featuring 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 18th.

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 2025

Due by April 1st



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 \_\_\_\_\_

Miracle League team name if you have played before \_\_\_\_\_

\$23- No Uniform Need

\$51- Enrollment with Jersey. Please fill out Jersey info below:

Players uniform Size: *(please circle one)*

Youth: S M L XL

Adult: S M L XL XXL XXXL

\*note: if you have the uniform from last year and want the same team, the fee will be discounted. If your registration is not turned in three weeks before the first game you will not be guaranteed a shirt and hat.

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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

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Allergies

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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**

