



# REDS ROOKIE SUCCESS LEAGUE



## Participant Application Permission & Release Form

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(As of June 16, 2009)

Address \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

2008-2009 year

Closest CRC Center, YMCA or Boys & Girls Club \_\_\_\_\_  
(Site where child will board the bus)

**\*\*\* You will receive a confirmation phone call or postcard detailing site pick up time & location during the first week of June\*\*\***

Prior organized baseball experience? \_\_\_\_ Yes \_\_\_\_ No If yes, how many years has he/she played? \_\_\_\_\_

**Girls only:** Would you be interested in participating in a new fastpitch softball component? \_\_\_\_ Yes \_\_\_\_ No

Parent /Guardian Name \_\_\_\_\_ Home / Work Phone \_\_\_\_\_

Parent / Guardian Email Address: \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Emergency Contact: (Parents will be notified first)

1. Name \_\_\_\_\_ Home / Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Home/ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### FREE Medical Screenings are available to all participants. Would you like to enroll in these screenings?

**Physical Exam:** \_\_\_\_ Yes \_\_\_\_ No

*I understand that this is only a physical screening and does not constitute a formal doctor-patient agreement. I further understand that this screening is designated to determine and identify pre-existing deficiencies and factors related to them, and is not a complete physical examination designated to detect rare & occult diseases.*

*Please note that after the screening it may be necessary to seek care from a doctor. In the event any deficiencies are identified as a result of these screenings, I hereby authorize Reds Rookie Success League program and their health care partners, (TriHealth, Cincinnati Children's Hospital) to provide specific individual follow-up intervention and care. Each parent/guardian will be contacted individually before any subsequent follow-up exam or care is taken.*

### Emergency Medical Authorization

**APPROVAL of consent:** I hereby give my consent for the administration of any treatment deemed necessary by Dr. \_\_\_\_\_, or in the event the designated preferred practitioner is not available, by another licensed physician, and transfer of the child to \_\_\_\_\_ Hospital or any hospital reasonably accessible. This authorization does not include major surgery unless the medical opinions of two other licensed physicians, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Medical Insurance you carry: \_\_\_\_\_

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

**REFUSAL to consent:** I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the Reds Rookie Success League program authorities to take no such action, or to

\_\_\_\_\_ (specify action to take)

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

List any special limitations, allergies, fears, physical limitations, required assistive devices and/or any required accommodation. \_\_\_\_\_

\_\_\_\_\_ **Yes** \_\_\_\_\_ **No** My child needs an accommodation because of disability, to participate in or enjoy the program. (If yes, you will be contacted for additional information.)

List any diseases that your child has had and/or any history of hospitalization: \_\_\_\_\_

Additional  
Comments: \_\_\_\_\_

Transportation will be provided to and from practices and games from designated pick up site locations throughout Cincinnati & Northern Kentucky. ***No child will be released to anyone at the field without prior written permission from parent or guardian.***

Upon returning from the games and practices, please indicate your child's status by initialing below:

\_\_\_\_\_ My child has my permission to remain at the designated pick up site until the conclusion of youth activities.

\_\_\_\_\_ I will pick up my child at the designated pick up site upon returning from the Reds Rookie Success League.

\_\_\_\_\_ My child has my permission to walk home upon returning from the Reds Rookie Success League.

***Conditions of Registration***

**Registration or entry into the Reds Rookie Success League program constitutes agreement to the following conditions:**

**I give the Cincinnati Recreation Commission's employees, agents, and volunteers, including the Cincinnati Reds, LLC and the Cincinnati Reds Community Fund, Tri-Health, Beacon, my permission to take my child away from the Center's grounds for all field trips, special events and/or group outings. I understand that I assume full responsibility for my child and his/her behavior during these activities.**

I recognize that there are certain risks of physical injury as a result of my child's participation in this program. I agree to assume the full risk of any injuries, damages or loss which my child may sustain as a result of participating in any and all activities connected with or associated with this program.

I agree to waive and relinquish all claims I may have, as a result of or my child's participation in the program, against the City of Cincinnati, the Public Recreation Commission, the Cincinnati Reds, LLC, the Cincinnati Reds Community Fund, Tri-Health, Beacon, and their agents, employees and volunteers.

I do hereby fully release and discharge the City of Cincinnati, the Public Recreation Commission, the Cincinnati Reds, LLC, the Cincinnati Reds Community Fund, Tri-Health, Beacon, and their agents, employees and volunteers from any and all claims from injuries, damage or loss which I may have or which may accrue to me on account of my child's participation in the program.

I do hereby give permission for the City of Cincinnati, the Public Recreation Commission, the Cincinnati Reds, LLC, the Cincinnati Reds Community Fund, TriHealth, Beacon, Cincinnati Dental Society and their agents, to use photographic images and/or video footage of my child for promotional items (Newsletter, Flyers, etc.).

I further agree to indemnify, defend and hold harmless the City of Cincinnati, the Public Recreation Commission, the Cincinnati Reds, LLC, the Cincinnati Reds Community Fund, Tri-Health, Beacon, and their agents, employees and volunteers from any and all claims resulting from injuries, damages and losses sustained by my child or arising out of, connected with, or in any way associated with the activities of the program.

I have read fully and fully understand this release form. Before registration in this program is valid, this release form must be signed by the participant's parent or legal guardian.

I hereby execute this waiver and release on behalf of the named minor, who is below the age of eighteen (18), and represent and warrant that I am a parent or guardian authorized to execute this waiver and release on behalf of such minor.

Signature of Parent/Guardian \_\_\_\_\_ Date of Registration \_\_\_\_\_

**RETURN COMPLETED FORMS TO:**

**ADAM SHAFFER, GREAT AMERICAN BALL PARK, 100 Joe Nuxhall Way, CINCINNATI, OH 45202**