



**Reds Rookie Success League**  
**BUTLER COUNTY**  
**Player Application**  
**Permission & Release Form**



Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(As of June 1, 2010)  
 Address \_\_\_\_\_ Primary Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

This camp will run only on **Tuesdays & Wednesdays** from **June 15-July 7, 10am-1pm**

**Please indicate your 2 preferred closest YMCA, Boys & Girls Club, or Community Center:**  
(site where child will be picked up and dropped off; the sites you list are NOT guaranteed to be your pick-up location)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. Unsure

**You will receive a confirmation detailing site pick up time & location during the first week of June; would you prefer contact by email, phone, or postcard? Please check all that apply:**

E-Mail  Phone Call  Postcard

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

Is your child interested in playing softball in the 2010 season? \_\_\_\_\_

Parent /Guardian Name \_\_\_\_\_ Primary Phone \_\_\_\_\_

Parent / Guardian Email Address \_\_\_\_\_ Secondary Phone \_\_\_\_\_

**Emergency Contacts: (Parents will be notified first)**

1. Name \_\_\_\_\_ Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

***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 \_\_\_\_\_

Please list any allergies, physical limitations, required assistive devices and/or any other 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.)

- **Please note that lunch will be provided each day of camp. If your child has special dietary needs/food allergies, you must send a lunch with them.**

Please indicate if your child has/had any illnesses/diseases, and when:

Illness: \_\_\_\_\_ Date: \_\_\_\_\_

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

### **Reds Rookie Day: Permission Slip**

I hereby give consent for my son/daughter \_\_\_\_\_ to attend a baseball game at Great American Ball Park on **June 30<sup>th</sup>, 2010 at 12:35pm**. Transportation to and from the event will be provided as well as lunch and one ticket to the game.

Signature of parent/guardian \_\_\_\_\_

Emergency Contact Name & Number \_\_\_\_\_

#### ***Conditions of Registration***

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

**I give the City of Fairfield, Bob Evans, The Joe Nuxhall Character Education Fund, and volunteers, including the Cincinnati Reds, LLC and the Cincinnati Reds Community Fund, 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 Fairfield, the Cincinnati Reds, LLC, the Cincinnati Reds Community Fund, and their agents, employees and volunteers.

I do hereby fully release and discharge City of Fairfield, Bob Evans, The Joe Nuxhall Character Education Fund, the Cincinnati Reds, LLC, the Cincinnati Reds Community Fund, 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 Fairfield, Bob Evans, The Joe Nuxhall Character Education Fund, the Cincinnati Reds, LLC, the Cincinnati Reds Community Fund, 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 Fairfield, Bob Evans, The Joe Nuxhall Character Education Fund, the Cincinnati Reds, LLC, the Cincinnati Reds Community Fund 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:**

**Rod Hubbard, 6599 Creekside Way, Hamilton, OH 45011**