



Reds Rookie Success League

DAYTON

Volunteer Application

*All volunteers are subject to **Fingerprint & Background checks.***

Name _____ Primary phone _____

Address _____ Secondary phone _____

City _____ State _____ Zip _____

Email address _____

Place of employment _____

Emergency contact: Name _____ Phone _____

I am able to participate as a: _____ **Coach** _____ **Volunteer**

League Dates: Mondays & Tuesdays
June 7 – June 29
10:00 am – 1:00 pm
Lunch provided daily

Mandatory Coaches Orientation for all volunteers: *May 19th, 2010 6:30pm, Action Sports (Gateway Dr.)*

- _____ **Yes, I can attend**
- _____ **No, I cannot attend**

List any special limitations that may affect your volunteer participation

Youth and/or coaching experience (describe)

Conditions of Volunteer Participation

I recognize that there are certain risks of physical injury as a result of my participation in this program. I agree to assume the full risk of injuries, damages or loss that I 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 my participation in the program against the City of Dayton and Kettering Field, the Reds Community Fund, the Cincinnati Reds LLC, the Joe Nuxhall Character Education Foundation, Tri-Health, Beacon and their agents, employees and volunteers.

I do hereby give permission for the City of Dayton and Kettering Field, the Cincinnati Reds, LLC, the Cincinnati Reds Community Fund, Joe Nuxhall Character Education Foundation TriHealth, Beacon, and their agents, to use photographic images and/or video footage of myself for promotional items (Newsletter, Flyers, etc.).

I further agree to indemnify, defend and hold harmless the City of Dayton and Kettering Field, the Reds Community Fund, the Cincinnati Reds LLC, Joe Nuxhall Character Education Foundation, Tri-Health and their agents, employees and volunteers from any and all claims resulting from injuries, damages and losses sustained by myself, arising out of, connected with, or in any way associated with the activities of this program.

I have read fully and fully understand this release form. Before registration in this program is valid, the participant must sign this release form.

Volunteer's Signature _____ Date _____

Guardian's Signature _____ Date _____

(If volunteer is under 18 - *minimum age is 16*)

Please mail this completed application to:

Amy Baker
2424 Roseanne Ct.
Fairborn, OH 45324

You can contact her by calling (937) 626-9431, or by emailing abaker815@gmail.com