



# Reds Rookie Success League

WARREN COUNTY

## 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: Tuesdays & Wednesdays**

**10:00 am – 1:00 pm**

**June 15 - July 7**

**Lunch provided daily**

Mandatory Coaches Orientation for all volunteers: *TO BE ANNOUNCED*

- \_\_\_\_\_ **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 Mason and Mason Sports Park, 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 Mason and Mason Sports Park, 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 Mason and Mason Sports Park, 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:*

**Mason Community Center**  
**6050 Mason-Montgomery Rd.**  
**Mason, OH 45040**  
**ATTN: Dane Burchett**

**You can contact him by calling (513) 229-8555, or email [dburchett@masonoh.org](mailto:dburchett@masonoh.org)**