



Reds Rookie Success League
LOUISVILLE
Player Application
Permission & Release Form



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

Please choose a camp:

- Tuesdays & Wednesdays from June 8-July 14, 9am-12pm, Wyandotte Park**
 Tuesdays & Wednesdays from June 8- July 14, 5pm-8pm, Petersburg Park

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: _____

Conditions of Registration

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

I give the City of Louisville, the Louisville Bats, Jefferson County Metro Parks, 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 Louisville, the Cincinnati Reds, LLC, the Cincinnati Reds Community Fund, and their agents, employees and volunteers.

I do hereby fully release and discharge the City of Louisville, the Louisville Bats, Jefferson County Metro Parks, 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 Louisville, the Louisville Bats, Jefferson County Metro Parks, 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 Louisville, the Louisville Bats, Jefferson County Metro Parks, 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:

Anthony Williams, PO Box 37280, Louisville, KY 40233-7280