



2012 Reds Rookie Success League
 BUTLER COUNTY (Waterworks Park, Fairfield)
Participant Application
Permission & Release Form



Child's Name _____ Age _____ Gender _____ Date of Birth _____
(As of June 1, 2012)
 Address _____ Primary Phone _____
 City _____ State _____ Zip _____

This program will be held on **Tuesdays & Wednesdays** from 10:00 A.M. until 1:00 P.M.
 Beginning **June 12th** and ending **Thursday, July 5th**
 Please note that the program is designed for girls and boys ages 7-12

Please indicate T-Shirt Size: Youth Small Youth Medium Youth Large Youth XLarge

Please write your 2 preferred YMCA, Boys & Girls Club, Schools or Community Centers:
(This is the location where your child will be picked up and dropped off; the sites you list are not guaranteed to be your pick-up location)

1. _____ 2. _____ 3. _____ Parent drop off

Emergency Contact Information: (Please indicate relationship; Parent or Guardian)

Primary Contact Name: _____ Primary Phone: _____

Secondary Contact Name: _____ Secondary Phone _____

Email Address: _____

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 accommodations.

_____ **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: (Attach additional sheets if necessary)

Illness: _____ Date: _____

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, 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 as a parent of for my child, 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, TriHealth, and their agents, employees and volunteers.

I do hereby fully release and discharge City of Fairfield, The Joe Nuxhall Character Education Fund, the Cincinnati Reds, LLC, the Cincinnati Reds Community Fund, TriHealth, 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, The Joe Nuxhall Character Education Fund, the Cincinnati Reds, LLC, the Cincinnati Reds Community Fund, TriHealth, 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, The Joe Nuxhall Character Education Fund, the Cincinnati Reds, LLC, the Cincinnati Reds Community Fund, TriHealth, and their agents, employees and volunteers from any and all claims resulting from injuries, damages and losses sustained by my child and 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

Email: hubbard_r@fairfield-city.k12.oh.us Mobile Phone: 513-300-6221