



2014 Reds Rookie Success League
 LOUISVILLE METRO PARKS- Petersburg Park
Participant Application
Permission & Release Form



Child's Name: _____ Age _____ Gender _____ Date of Birth _____
(As of August 1, 2014)
 Address: _____ Primary Phone: _____
 City: _____ State: _____ Zip: _____

This program will be held on Tuesdays & Wednesdays from 5 until 8 P.M.
Beginning May 20th and ending June 25th at Petersburg Park

This program is intended for children ages 6-12

Please list your 2 preferred Community Center locations:

(This is the location where your child will be picked up and dropped off; the sites you list are not guaranteed to be your ultimate pick-up location)

1. _____ 2. _____ 3. _____ Parent Drop Off

Please circle a T-Shirt size: Youth Small Youth Medium Youth Large Youth X-Large

Emergency Contact Information

Primary Contact Name: _____ Primary Phone: _____
 Relationship: _____ Email Address: _____
 Secondary Contact Name: _____ Secondary Phone _____
 Relationship: _____ Email Address: _____

Conditions of Registration

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

Emergency Medical Authorization

Health/Medical Insurer: _____
 Health/Medical Insurance ID or Group #: _____
 Health Insurer Phone Number: _____
 My Child's Pediatrician: _____
 Pediatrician's Phone Number: _____

Consent and Approval of Medical Treatment: In the event my child is in need of medical attention, I hereby give my consent for the administration of any treatment deemed necessary by a licensed physician and, if necessary, the transfer and treatment of my child to the nearest medical facility.

Signature of Parent/Guardian: _____
 Date: _____, 2014

REFUSAL of Medical Treatment: I do not give my consent for medical treatment of my child. In the event of illness or injury requiring medical attention, the Cincinnati Reds Community Fund shall take no action, or (if specified) to take the following action:
 _____ (specify action to take)

Signature of Parent/Guardian: _____
 Date: _____, 2014

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

My child needs an accommodation because of disability to participate in or enjoy the program. (If yes, you will be contacted for additional information.) _____ **Yes** _____ **No**

- **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: _____

Additional Comments: _____

USE OF LIKENESS

I authorize the Cincinnati Reds Community Fund, The Cincinnati Reds LLC, the Cincinnati Recreation Commission, Boys and Girls Clubs of Greater Cincinnati, Cincinnati Public Schools, YMCA of Greater Cincinnati, City of Louisville, The Louisville Bats, Jefferson County Metro Parks to use my child's voice and likeness in any media now known or hereafter created, worldwide in perpetuity without further compensation. The aforementioned parties are not obligated to use any of the above mentioned materials, but may do so and may edit such information of materials in respective their sole discretion, without further obligation or compensation.

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.

Signature of Parent/Guardian: _____

Date: _____

LIABILITY RELEASE, WAIVER AND COVENANT NOT TO SUE

I hereby represent and warrant that I am the parent/legal guardian of _____ (*Insert Child's Name*). I further represent and warrant that I am at least eighteen (18) years of age. My child is in good physical and mental health and does not suffer from any mental or physical condition or disability which may render his/her participation in the 2014 Reds Rookie Success League and associated activities, including all baseball activities and field trips (collectively the "Activities"), hazardous to myself or to others or which may impair his/her ability to participate in the Activities.

I further acknowledge and agree that none of the Released Parties (as defined below) has any obligation or responsibility to evaluate my child's physical condition or any limitations associated with his/her participation in the Activities.

I UNDERSTAND AND AGREE THAT MY CHILD IS PARTICIPATING IN THE ACTIVITIES AT HIS/HER OWN RISK. ON MY BEHALF AND ON BEHALF OF MY CHILD, I EXPRESSLY ASSUME ALL RISK OF INJURY (INCLUDING PERMANENT DISABILITY AND DEATH) ARISING OUT OF HIS/HER PARTICIPATION IN THE ACTIVITIES, HOWSOEVER CAUSED OR ARISING AND ACCEPT PERSONAL RESPONSIBILITY FOR THE DAMAGES FOLLOWING ANY SUCH INJURY, PERMANENT DISABILITY OR DEATH.

In consideration of my child's participation in the Activities, I hereby release, hold harmless, and agree to indemnify The Cincinnati Reds LLC, the Cincinnati Reds Community Fund, the City of Cincinnati, the Cincinnati Recreation Commission, Boys and Girls Clubs of Greater Cincinnati, Cincinnati Public Schools, YMCA of Cincinnati, City of Louisville, The Louisville Bats, Jefferson County Metro Parks and their respective owners, affiliates, subsidiaries, members, directors, officers, employees, volunteers and agents (collectively, the "Released Parties") from and against any and all claims, causes of action, or demands relating to or arising out of my child's participation in the Activities.

IN ADDITION, ON MY BEHALF AND ON BEHALF OF MY CHILD, I HEREBY WAIVE ANY CLAIMS AGAINST THE RELEASED PARTIES THAT I MAY HAVE ARISING FROM MY CHILD'S PARTICIPATION IN THE ACTIVITIES.

ON MY BEHALF AND ON BEHALF OF MY CHILD, I FURTHER COVENANT AND AGREE NOT TO SUE THE RELEASED PARTIES FOR ANY CLAIMS OR DAMAGES ARISING FROM MY CHILD'S PARTICIPATION IN THE ACTIVITIES.

By signing below, I acknowledge that I have carefully read and understand the information stated above.

Signature of Parent/Guardian: _____

Date of Registration: _____

2014 Reds Rookie Success League Field Trip Permission Slip

Child's Name _____ Age _____

Pick-up Site _____ Emergency Phone # _____

Reds Rookie Success League: Louisville

Event: Los Angeles Dodgers @ Cincinnati Reds

Where: Great American Ballpark (100 Joe Nuxhall Way Cincinnati, OH 45202)

When: 12:35 Thursday June 12th, 2014

Trip specifics:

- All Reds Rookie recreational outlets / bus pick up points will be bused to GABP by **10:30am**, Thursday June 12th.
- Bus routes may be changed to earlier this day and will be announced in advance of game day
- Kids, coaches, and staff in attendance must wear their Reds Rookie T-shirt so we can easily identify the large group.
- **11:50am** the kids, coaches, staff, bus monitors, chaperones and bus drivers will march along the warning track on-field prior to the start of the game.
- **12:20pm** a few select kids, coaches and staff will take place in an on-field first pitch ceremony.
- Middle of the 7th inning all of Reds Rookie will lead Great American Ball Park in the singing of "Take Me Out to the Ball Game"
- Bottom of 8 - Bus Monitors and chaperones will gather their kids and as a collective group and walk to our buses for departure.
- Lunch will be provided for each participant but if your child would like to purchase extra snacks please bring additional money to the game.

My child/children _____ has/have my permission to attend the field trip to the Cincinnati Reds game scheduled to be played at 12:35 p.m. at Great American Ballpark on June 12, 2014 (the "Field Trip").

I recognize that there are certain risks of injury as a result of my child's participation in the Field Trip. 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 the Field Trip.

I do hereby fully release and discharge The Cincinnati Reds LLC, Reds Community Fund, City of Cincinnati, YMCA of Greater Cincinnati, Boys & Girls Club of Greater Cincinnati, City of Louisville, Jefferson County Metro Parks and the Cincinnati Recreation Commission 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 Field Trip.

I have read fully and fully understand this release form.

I hereby execute this waiver and release on behalf of the named minor and warrant that I am at least 18 years of age and the parent or guardian authorized to execute this waiver and release on behalf of such minor.

Signature of Parent/Guardian: _____ Date: _____

Emergency Phone: _____

Please mail this completed application to:

**Steve Edwards
Post Office Box 37280
Louisville, KY 40233-7280**

Phone: (502)744-0498

E-Mail: rrslouisville@reds.com