



2017 Reds Rookie Success League DAYTON- Action Sports Center

Participant Application Permission & Release Form

A FREE four-week* program for underserved children and families who would not normally be able to afford this type of program. Register online at www.reds.com/redsrookie or by completing this application. Return completed application to Jonathan Johnson at City of Dayton, 101 W. Third St., Dayton, OH 45402. * *Must commit to the entirety of the program*

Questions: Email: rrsldayton@reds.com



Reds Rookie Success League is intended for children ages 7-13. This program will be held Mondays and Tuesdays from 10:00 am until 1:00 pm beginning June 5th and ending June 27th at the Action Sports Center in Dayton.

CHILD INFORMATION:

Child's First Name: _____ Child's Last Name: _____

Home Address: _____

City: _____ State: _____ County: _____ Zip: _____

Birth Date: ____/____/____ Age (As of June 1, 2017) : _____ Gender: Male Female

T-Shirt Size: Youth Small Youth Medium Youth Large Youth XL Adult Small Adult Medium

What hand does your child throw with (usually dominant hand)?: Right Hand Left Hand

Please select the location where your child will be picked up and dropped off.

- | | | |
|--|---|--|
| <input type="checkbox"/> Chevy Chase - 41 Loganwood Dr. | <input type="checkbox"/> Seeds of Peace - 2100 Main Street | <input type="checkbox"/> Parent Drop-Off |
| <input type="checkbox"/> Creative Corner 2200 McCall | <input type="checkbox"/> Seeds of Peace - 4328 N. Main | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Dakota Center 33 Barnet Street | <input type="checkbox"/> Small World 1410 Lisum Dr. | |
| <input type="checkbox"/> Kettering Circles 5280 Farhills | <input type="checkbox"/> Youth Land Academy- 2350 Catalpa Dr. | |
| <input type="checkbox"/> KROC Center 1000 N. Keowee Street | <input type="checkbox"/> Youth Land Academy- 340 Fame Dr. | |
| <input type="checkbox"/> MVFS 4100 W. Third Street | <input type="checkbox"/> Youth Land Academy- 101 Woodman Ave. | |

If you selected a daycare or YMCA site, is your child registered for a program at that site? Yes No

DEMOGRAPHICS:

**** The following information is necessary for our records and the funding our organization receives. The answers you provide are completely confidential. Your cooperation in providing this information is both appreciated and necessary. ****

- | <u>Ethnicity</u> | <u>Household Income</u> | <u>Member Lives With/Household Type (check all that apply)</u> | | |
|--|---|--|--|---------------------------------------|
| <input type="checkbox"/> Black | <input type="checkbox"/> under \$10,000 | <input type="checkbox"/> Both Parents | <input type="checkbox"/> Guardian | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> White | <input type="checkbox"/> \$10,000-\$14,999 | <input type="checkbox"/> Single Parent Family | <input type="checkbox"/> Grandparents | _____ |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> \$15,000-\$19,999 | <input type="checkbox"/> <i>Mother</i> | <input type="checkbox"/> Extended Family | _____ |
| <input type="checkbox"/> Asian | <input type="checkbox"/> \$20,000-\$24,999 | <input type="checkbox"/> <i>Father</i> | <input type="checkbox"/> Foster Family | _____ |
| <input type="checkbox"/> Native American | <input type="checkbox"/> \$25,000-\$29,999 | | | |
| <input type="checkbox"/> Appalachian | <input type="checkbox"/> \$30,000-\$34,999 | | | |
| <input type="checkbox"/> Multi-Racial | <input type="checkbox"/> \$35,000 and above | | | |
| <input type="checkbox"/> Other | | | | |

Number of Individuals Living in Household: _____

Is member a U.S. Citizen? Yes No

If no, please list Nationality _____

Is parent/guardian a member of the military? Yes No

If yes, which branch? _____

Does your child qualify for free or reduced-price meals at their school?

Yes No Program not offered Choose not to answer

Reds Community Fund Outreach Programs

Has your child previously participated in the following programs? (Please select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Reds Rookie Success League | <input type="checkbox"/> Reviving Baseball in Inner Cities (RBI Program) |
| <input type="checkbox"/> Match Program | <input type="checkbox"/> Reds Baseball Camps (reds.com/camps) |
| | <input type="checkbox"/> Reds Youth Academy Clinics or Open Gym |



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Questions: Email: rrsl Dayton@reds.com

EMERGENCY CONTACT INFORMATION:

Who should be listed as the primary contact?: Father Mother Guardian Other _____

Father Name: _____ Email: _____

Home Phone: _____ Work: _____ Cell: _____

Mother Name: _____ Email: _____

Home Phone: _____ Work: _____ Cell: _____

Guardian Name: _____ Email: _____

Home Phone: _____ Work: _____ Cell: _____

Additional contacts if parents/guardians cannot be reached

Name: _____ Phone: _____ Relationship: _____

Authorized to pick up members from the site: Please note: Parents/guardians and additional contacts are automatically authorized to pick up children from the program. Only list other people who may be picking up participants.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

How would you like to receive important schedule notifications? Check all that apply

Email _____ Text messages if possible (sent to primary phone listed above) _____

(The Community Fund does not pay for text message charges that may be incurred by you for sending/receiving text messages.

Check with your wireless carrier for possible charges.)

CONDITIONS OF REGISTRATION:

Emergency Medical Authorization

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

Food Allergies no yes Please specify _____

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.

Other Allergies no yes Please specify _____

Medications no yes Please specify _____

Medical Conditions no yes Please specify _____

Other Issues or required assistive devices: _____

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

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:** ____/____/____

OR

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: ____/____/____



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CONDITIONS OF REGISTRATION CONTINUED:

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 Dayton, The City of Dayton Recreation and Youth Services, The Dayton Dragons, Action Sports Center 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 2017 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 Dayton, The City of Dayton Recreation and Youth Services, The Dayton Dragons, Action Sports Center 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:** ____/____/____

IMPORTANT PROGRAM INFORMATION:

DAYTON LOCATION-

June 5-June 27, Mondays and Tuesdays, 10:00 am to 1:00 pm
Action Sports Center (1103 Gateway Drive, Dayton, OH 45404)

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.