

**BELLEFONTAINE**  
**FALL BASEBALL LEAGUE**  
**FARM/LITTLE/PONY LEAGUE**

**2016**

PLEASE COPY THIS PAGE AND PASS IT OUT TO OTHERS  
REGISTRATION INFORMATION

Please Print:

Player's Name \_\_\_\_\_ M or F

Street Address \_\_\_\_\_ Telephone: \_\_\_\_\_

City and Zip \_\_\_\_\_ Email \_\_\_\_\_

**Birth Date:** \_\_\_\_\_

**Age on May 1, 2016** \_\_\_\_\_

Primary Position(s) Played \_\_\_\_\_

Grade/ School \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name \_\_\_\_\_

Can you Coach or Assist the Coach of a Team ? \_\_\_\_\_

Are you entering a whole team ? Yes \_\_\_\_\_ No \_\_\_\_\_

Coach's Name, Phone # \_\_\_\_\_

**GAMES are played at 1 pm and 3 pm on Saturdays**

If you wish to Register by mail, complete this form and return postmark **by August 26** to:

Parks and Recreation  
135 N. Detroit St.  
Bellefontaine OH 43311 ( 592-3475 )  
[tburton@ci.bellefontaine.oh.us](mailto:tburton@ci.bellefontaine.oh.us)

Note a \$ **30.00** fee per player will be collected to offset costs. \_\_\_\_\_ Paid  
( **payable to Hi-Point Baseball** )

Having been informed of the Organization of the Bellefontaine Joint Recreation District, Bellefontaine, Ohio, to provide supervised baseball games for boys/girls, I/we, the parents of the above named participant(s), do hereby give my/our approval to participate in any and all of the activities during the current season. I/we do assume all the risks and hazards incidental to the conduct of the activities, transportation to and from the activities; and I/we do further hereby release, absolve, indemnify, and hold harmless the Hi-Point Baseball Association, City of Bellefontaine Joint Recreation District Park Board of Trustees, their employees and volunteers, the organizers, sponsors, and supervisors, any and all of them. In case of injury to the above named candidate, I/we hereby waive all claims against release from responsibility, any person transporting the above participant to or from the activities.

I/we, the parents of the above registrant, our child, do understand all of the above;

Guardian's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_

Bellefontaine Joint Recreation District  
**EMERGENCY MEDICAL AUTHORIZATION**

**PLAYER'S NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ SCHOOL ATTENDED \_\_\_\_\_

**PURPOSE:** To enable parents/guardians to authorize the provisions of emergency treatment for children who become ill or injured while under Parks authority when parents/guardians cannot be reached.

**PART I OR II MUST BE COMPLETED**

**PART I TO GRANT CONSENT**

In the event reasonable attempts to contact me at \_\_\_\_\_ (phone) or \_\_\_\_\_ (other parent/guardian) at \_\_\_\_\_ (phone) have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by Dr. \_\_\_\_\_ (preferred Dr.) or Dr. \_\_\_\_\_ (preferred dentist), or in the event the designated Doctor is not available, by another licensed Doctor or Dentist; and (2) the transfer of the child to \_\_\_\_\_ (preferred Hospital) or any hospital reasonable accessible.

This authorization does not cover major surgery unless the Medical opinion of two other licensed Doctors or Dentists, concurring the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications, being taken, and any physical impairments to which a physician should be alerted:

\_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_  
Signature of Parent/Guardian      Address of Parent/Guardian

**PART II REFUSAL TO CONSENT**

**DO NOT COMPLETE PART II IF YOU COMPLETED PART I**

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring treatment, I wish the Park Authorities to take no action or to:

\_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_  
Signature of Parent/Guardian      Address of Parent/Guardian