



**Bellefontaine Joint Recreation District
Adapted Activity/ Miracle Youth League**

Registration Form – 2018

PERSONAL INFORMATION

Name: _____

Address: _____

City, State, Zip: _____

Home Phone (include area code): _____ Cell/Work: _____

Email: _____

Gender (circle one) M F Birth Date: _____ Age: _____

Parent/Guardian Name: _____

FEE: \$30.00 _____ Paid
Checks made out to Bellefontaine Parks and Rec.

SHIRT SIZE: (Circle One) Youth - S M L Adult - S M L XL XXL

***Will your child have his/her own buddy provided or will a buddy be needed for your child
(check one of the below)**

Buddy Needed: _____ Buddy Provided: _____ No Buddy Needed (will be independent) _____

WAIVER OF RESPONSIBILITY

It is understood that the City of Bellefontaine, the Joint District Park Board, employees, volunteers, the organizers, sponsors and the supervisors, any and all of them are released, absolved, indemnified, and held harmless in case of injury, accident or illness that may occur during this activity. I do assume all the risks and hazards that are incidental to the conduct of the activities for the above named participant. I hereby waive all claims against and release from responsibility any person involved in the activity. I also give permission to use my child's name, picture, portrait, or photograph in all forms of media, and in all manners, including composite or distorted representations, for advertising, trade or any other lawful purposes, and I waive my right to inspect or approve of the finished project, including written copy that may be created in connection therewith. I acknowledge that neither my child nor myself are receiving any financial consideration or compensation.

The Joint Recreation District requires a guardian to be present during this activity,

Parent/Guardian Signature _____

Please Keep this Portion

**Adapted Activity – Miracle Youth League
Meet and Greet – June 10th 1:30 pm Southview Park
Game Dates: July 1, 8, 15, 24, 29
Game Time: 1:30 PM – 2:30 PM on Sundays and 6:00 for Tuesday July 24th
Location: Southview Park**

**PLEASE RETURN THIS REGISTRATION
BY June 1st 2018**

Bellefontaine Joint Recreation District
135 N Detroit St.
Bellefontaine, OH 43311

EMERGENCY MEDICAL AUTHORIZATION

PLAYER'S NAME: _____

ADDRESS: _____

PHONE: _____

PART I OR II MUST BE COMPLETED
PART I TO GRANT CONSENT

In the event reasonable attempts to contact me at _____ (phone) _____ (phone of another guardian) 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, concur 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

Logan County Miracle Youth Softball League

The Logan County Miracle Youth League is a nonprofit softball league designed for children, ages 4-19, with any type of disability in Logan County. The league is for fun, not competition, with every child on the team batting and playing in the field, and with no score being kept. There will be no formal practices and games will be played on Sundays and will last for an hour each.

The safety of the children is the top priority, with a special softer softball being used and the use of “buddies” on the field to direct and help the children if needed. In order to further promote safety, unless a medical condition hinders the child in doing so, all children will be required to wear a helmet (all sizes provided) when batting and running the bases.

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- **If you are new to the program**, please give any important information about your child that the Coaches and Staff may need to know. _____
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Code of Conduct (participant)

I, _____, will display good sportsmanship at all times throughout the Miracle Youth League Season.

I will not use offensive verbal comments, gestures, or foul language toward other participants, their families, the coaches, or any other person involved or associated with the league.

I will be respectful toward my coach (es) and follow his/her/their instructions to the best of my ability at all times.

I will wear a helmet, as required, whenever I am batting or running the bases, for safety (unless there is a medical condition that prevents me from doing so).

Participant Signature

Code of Conduct (parent/guardian)

I, _____, will encourage my child to display good sportsmanship, through instruction and example, toward all others involved and associated with the Miracle Youth League.

I, or another responsible party, will remain at the site where my child is for the duration of all activities involved and related to the Miracle Youth League season.

Parent/Guardian Signature

Failure to abide by the Code of Conduct that you have signed above may result in expulsion from a game, the season, or the Miracle Youth League as a whole depending upon the action and the decision deemed appropriate by the Miracle Youth League Staff without any financial compensation given.