



# Sandusky Recreation Softball League

## 10 & Under-Girls Ages 8-10 (as of January 1, 2017) Fee: \$50.00

### Registration & Release Form

I give my permission for \_\_\_\_\_ to participate in the City of Sandusky Recreation Division 2017 Softball League. Additionally, I waive and release all rights and claims for damages and injuries against the City of Sandusky, the Sandusky City Administration, Sandusky Recreation Division, employees, representatives, instructors, and volunteers of these groups while my child is participating in or attending this league.

#### Sandusky Recreation Department Emergency Medical Authorization

Participant's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_  
Grade: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_  
Parents Name (s): \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ School District: \_\_\_\_\_  
Father's Place of employment: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mother's Place of employment: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relative or other contact: \_\_\_\_\_ Phone: \_\_\_\_\_

#### **Please place your initials on the appropriate line below:**

\_\_\_\_ My child is covered by medical insurance  
Insurance Company Name \_\_\_\_\_ Group # \_\_\_\_\_ Policy Number \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_ My child is not covered by medical insurance: I, the undersigned, will assume responsibility for any medical expenses he/she incurs during participation in any Sandusky Recreation Division League.

In the event reasonable attempts to contact persons listed above are unsuccessful, I hereby give my consent for the administration of any treatments deemed necessary by Doctor \_\_\_\_\_ (preferred physician) or Doctor \_\_\_\_\_ (preferred dentist), or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and the transfer of the child to \_\_\_\_\_ (preferred hospital) or any hospital reasonably accessible. This authorization does not cover major surgery unless medical options of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

#### **For your child's protection in case medical treatment is necessary, the following information is needed by any hospital or practitioner not having access to the minor's medical history: Any allergies: \_\_\_\_\_**

Medications being taken: \_\_\_\_\_ Physical impairments: \_\_\_\_\_  
Date of last tetanus shot: \_\_\_\_\_  
Other pertinent facts to which physician should be alerted: \_\_\_\_\_

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**Please write the league division you are registering for:** \_\_\_\_\_

**Shirt size:** Youth Medium    Youth Large    Adult Small    Adult Medium    Adult Large    Adult X-Large

**Registration:** To register for T-Ball/Softball League please complete entire registration/medical form and return to Sandusky Recreation. All league fees must accompany the registration form. Registrations are not confirmed. You will be notified and fee refunded if a program is cancelled.

**Photo Ops:** On occasion, photographs, audio or videos are taken of program/league participants in classes, special events or while using park facilities. These photographs or videos may be used for future publications or programs at the City of Sandusky's discretion and become its sole property.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Enclosed: \_\_\_\_\_ Date Fee Paid: \_\_\_\_\_ Received by: \_\_\_\_\_

**MAIL THIS FORM OR DROP OFF WITH THE APPROPRIATE FEE TO:**  
Sandusky Recreation Division  
222 Meigs Street  
Sandusky, OH 44870

*\*Please make all checks payable to Sandusky Recreation. There is a \$32.00 charge for any returned check.*