



Sandusky Recreation Co-ed T-Ball League

Boys & Girls Ages 4-5 (as of January 1, 2017) Fee: \$35.00

Registration & Release Form

I give my permission for _____ to participate in the City of Sandusky Recreation Division 2017 Co-ed T-Ball 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: _____

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.*