

2020 TOT LEAGUE BASEBALL

FEE \$10.00



**Mail or drop off this completed form and the \$10.00 fee by
May 19th to:**

**BRYAN PARKS & RECREATION DEPT.
P.O. Box 190
1399 E. HIGH STREET
BRYAN, OHIO 43506**

4 - 6 YEAR OLD BOYS AND GIRLS
Must be 4 before **May 1st** - Cannot be 7 before **May 1st**
The Age Cutoff Date is May 1st

NAME _____ / ____ / ____ / DATE OF BIRTH _____
Last First Middle Initial M F Month Day Year

ADDRESS _____ PHONE _____
Number Street City Cell; if none, use home

EMAIL _____

AGE _____ (Before May 1st) T-SHIRT SIZE _____

**PARENTS: Your Volunteer Help Is Needed To Make This Program A Success. If You Can Help During
The Coming Season, Please Indicate: _____ **Coach** _____ **Assistant Coach****

I/We, the parents/guardians of the above named player for a position in the Bryan Tot Baseball League, hereby give my/our approval to his/her participation in any and all Tot League activities during the current season. I/We assume all risks and hazards incidental to such participation including transportation to and from activities; and I/we do hereby wave, release, absolve, indemnify, and agree to hold harmless the Parks & Recreation Department, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to or from activities, for any claim arising out of an injury to my/our child, except to the extent covered by accident or liability insurance. I/We will furnish a certified birth certificate of the above named player upon request of the Parks & Recreation Department. Games and practices will be played one night a week (TBD) and Saturdays. Season will begin following the end of the school year. Mail this form and the \$10.00 fee to the Bryan Parks, P.O. Box 190, Bryan, Ohio 43506.

Mother's Signature _____ Phone _____ Date _____

Father's Signature _____ Phone _____ Date _____

NOTE: Coaches Will Notify Players About The First Practice.

TURN OVER >>>>>>>>>>>>

BRYAN PARKS & RECREATION DEPARTMENT

EMERGENCY MEDICAL AUTHORIZATION

Participant's Name

Participant's Address

Participant's Telephone Number

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while participating in activities/events under the authority of the Parks & Recreation Department, while the parents or guardians cannot be reached.

PART I OR PART II MUST BE COMPLETED

PART I - To Grant Authority.

In the event reasonable attempts to contact me at _____ (Mother's home phone) or at _____ (Mother's business phone), at _____ (Father's home phone) or at _____ (Father's business phone) have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by Dr. _____ (preferred physician), or Dr. _____ (preferred dentist), or, in the event that the designated preferred practitioner is not available, by another licensed physician or dentist: and (2) the transfer of the child to _____ (preferred hospital) or any hospital reasonably accessible.

This authorization does NOT cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in 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 of which a physician should be alerted are: _____

DATE

SIGNATURE OF PARENT OR GUARDIAN

ADDRESS

DO NOT COMPLETE PART II IF YOU COMPLETED PART I

PART II - Refusal To Consent.

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency medical treatment, I wish the Parks & Recreation authorities to take NO action or to:

DATE

SIGNATURE OF PARENT OR GUARDIAN

ADDRESS

(Please Fill Out and Return)