



# Reds Rookie Success League

## Mentor / Coach / Volunteer Application



*\* All volunteers are subject to Fingerprint & Background checks.*

Name \_\_\_\_\_ Daytime phone \_\_\_\_\_

Address \_\_\_\_\_ Evening phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_ Cell phone \_\_\_\_\_

Place of employment \_\_\_\_\_ Shirt Size \_\_\_\_\_

Emergency contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

Identify the CRC Center, YMCA or Boys & Girls Club nearest to you: \_\_\_\_\_

**I am able to participate as a:** \_\_\_\_\_ **Head Coach** \_\_\_\_\_ **Assistant Coach** \_\_\_\_\_ **Either** \_\_\_\_\_  
(director/leader of team, everyday attendance) (assist head coach, follow direction, interact) (available to fill any role necessary)

**Would you be interested in coaching an all girls fastpitch softball component this year at Reds Rookie? Yes \_\_\_ or No \_\_\_**  
(softball experience recommended)

**League # 1 Tuesday & Thursday June 16<sup>th</sup> – July 23<sup>rd</sup>**

***\*All sessions include Lunch  
12:15-12:45***

• \_\_\_\_\_ **9:30am – 1pm (8 - 11 yr. olds)**

*(Edit based on league information)*

**Mandatory Coaches Orientation for all volunteers: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_**

• \_\_\_\_\_ **Yes, I can attend**                      • \_\_\_\_\_ **No, I cannot attend**

List any special limitations that may affect your volunteer participation \_\_\_\_\_

\_\_\_\_\_

Youth and/or coaching experience (describe) \_\_\_\_\_

\_\_\_\_\_

### Conditions of Volunteer Participation

I recognize that there are certain risks of physical injury as a result of my participation in this program. I agree to assume the full risk of injuries, damages or loss that I may sustain as a result of participating in any and all activities connected with or associated with this program.

I agree to waive and relinquish all claims I may have, as a result of my participation in the program against the City of Cincinnati's Public Recreation Commission, the Reds Community Fund, the Cincinnati Reds LLC, the Cincinnati Police Division, the Cincinnati Fire Division and Tri-Health and their agents, employees and volunteers.

I do hereby give permission for the City of Cincinnati, the Public Recreation Commission, the Cincinnati Reds, LLC, the Cincinnati Reds Community Fund, TriHealth, Beacon, and their agents, to use photographic images and/or video footage of my child (under age 18) for promotional items (Newsletter, Flyers, etc.).

I further agree to indemnify, defend and hold harmless the City of Cincinnati's Public Recreation Commission, the Reds Community Fund, the Cincinnati Reds LLC, the Cincinnati Police Division, the Cincinnati Fire Division and Tri-Health and their agents, employees and volunteers from any and all claims resulting from injuries, damages and losses sustained by myself, arising out of, connected with, or in any way associated with the activities of this program.

I have read fully and fully understand this release form. Before registration in this program is valid, the participant must sign this release form.

Volunteer's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

(If volunteer is under 18) *\*minimum age is 16*

Return the completed volunteer application to:

Reds Community Fund  
 Great American Ball Park  
 100 Joe Nuxhall Way  
 Cincinnati, Ohio 4520  
*(Edit based on specific League)*