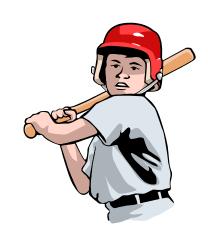
2024 TOT LEAGUE BASEBALL

FEE \$10.00

Mail or drop off this completed form and the \$10.00 fee by May 13th to:

BRYAN PARKS & RECREATION DEPT. P.O. Box 190 1399 E. HIGH STREET BRYAN, OHIO 43506 419-633-6030



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		Middle Initial / M F	_/ DATE OF E	BIRTH	
Last	First	Middle Initial M F		Month Day	Year
ADDRESS	mber Stro		PHONE	Cell; if none, use home	
Nu	mber Stro	eet City		Cell; if none, use home	
EMAIL					
AGE	(Before May 1st)	T-SHIRT SIZE			
I/We, the parents/gu approval to his/her phazards incidental to absolve, indemnify, participants, and per child, except to the above named player	ardians of the above name articipation in any and a such participation inclusion and agree to hold harmles sons transporting my/our extent covered by accident upon request of the Park	ded To Make This Pro- Indicate: med player for a position in all Tot League activities during transportation to and a cess the Parks & Recreation or child to or from activities at or liability insurance. It is a Recreation Department.	the Bryan Tot Basering the current seasefrom activities; and Department, the orgonic for any claim arising We will furnish a cent. Games and pract	Assistant Shall League, hereby give son. I/We assume all risk I/we do hereby wave, religanizers, sponsors, supering out of an injury to my ertified birth certificate of tices will be played one religious and the street of the	e my/our as and lease, visors, v/our f the night a
	D. Box 190, Bryan, Ohio	in following the end of the 43506.	school year. Maii	this form and the \$10.00	ree to
Mother's Signature_		Phone		Date	
Father's Signature_		Phone	e	Date	

NOTE: Coaches Will Notify Players About The First Practice.

BRYAN PARKS & RECREATION DEPARTMENT

EMERGENCY MEDICAL AUTHORIZATION

Participant's Name

Participant's Add	lress
Participant's Telepho	ne Number
Purpose: To enable parents and guardians to authorize the p who become ill or injured while participating in activities/ev Department, while the parents or guardians cannot be reached. PART I OR PART II MUST	vents under the authority of the Parks & Recreation ed.
PART I - To Grant Authority.	BE COMI BETED
In the event reasonable attempts to contact me at	referred dentist), or, in the event that the designated hysician or dentist: and (2) the transfer of the child hospital reasonably accessible. The medical opinions of two other licensed physicians obtained prior to the performance of such surgery. The series of the designated hysicians obtained prior to the performance of such surgery.
DATE	SIGNATURE OF PARENT OR GUARDIAN
	ADDRESS
DO NOT COMPPLETE PART II IF	YOU COMPLETED PART I
PART II - Refusal To Consent.	
I do NOT give my consent for emergency medical treatment requiring emergency medical treatment, I wish the Parks & I	
DATE	SIGNATURE OF PARENT OR GUARDIAN
(Please Fill Out and Return)	ADDRESS