

Crosby Township
Ball Field Rules and Regulations
Phone: 513-738-1440 Fax: 513.738.4310 email
bjackson@crosbytwp.org

- All trash must be picked up and put in trash receptacles
- No hitting baseballs against the fence
- No climbing on fence
- Home plate must not be moved
- No parking on grass
- All dragging of the fields will be performed by the Township Maintenance Department.
- Playing on wet fields is not permitted. Be courteous of others that play on this field and please use good judgment during inclement weather.

The above rules and regulations have been developed to protect the ball teams as well as the Township's property. Any team or team member found in non-compliance of these rules and regulations will be asked to find another field. If you have any questions, please call 513-738-1440.

I have read, understand and agree to the terms of the rules and regulations. I also understand that it is my responsibility to explain and enforce these rules and regulations to my ball players while they are on the fields.

Coach's Signature _____

Date _____

Please return this form and payment (if required) prior to the scheduled date to:

Crosby Township
8910 Willey Road
Harrison, OH 45030
Fax: 513.738.4310
Email: bjackson@crosbytwp.org

For Office Use Only:

Approved: _____

Denied: _____

Date: _____

Date: _____

Deposit Required: \$ _____

Fee Assessed: \$ _____

Date Received: _____

Make checks payable to "Crosby Township"

Protecting Youth Sport Participants from Concussions

Please initial indicating you have read the following:

_____ Coaches must provide the youth's parent, guardian or other caregiver the concussion and head injury information sheet created by the Ohio Department of Health

AND

_____ Successfully complete training every three years on recognizing the symptoms and signs of concussions, unless those persons individually hold a Pupil Activity Permit (PAP) for coaching interscholastic sports from the Ohio Department of Education (online training is available at no cost on the ODH website).

Your signature below indicates that you have provided the parent information and successfully completed the training or hold a PAP permit as listed.

_____ Date: _____