

**Crosby Township**  
**Ball Field Rules and Regulations**  
**Fax: 513.738.4310 or email to [bjackson@crosbytwp.org](mailto: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.
- Games can be played due to improved parking...(but inform Brenda with plans)

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. Feel free to contact Mike Marsh 513-987-6660 or Trustees with questions, concerns or suggestions.

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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: [bjackson0@crosbytwp.org](mailto:bjackson0@crosbytwp.org)

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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: \_\_\_\_\_