



OKLAHOMA - FLORIDA - CALIFORNIA - OHIO - GEORGIA - MARYLAND - TEXAS - ARIZONA

CONGRATULATIONS!!!!

You have been selected to participate in the 21st Annual Sunbelt Classic Series to be played June 26-28, 2015.

You will report at **9:00 a.m., June 26th** to **Dolese Park** located across from Putnam City High School on NW 50th in Oklahoma City. We will check out your uniform and hat and will give you plenty of time to warm up before your first game.

The game expenses such as: game shirt, hat and insurance require that each player pay a **\$50.00 fee** to play in the games. This fee must be paid prior to playing in the tournament. Make checks or money orders out to **Sunbelt Classic Baseball**. Send this to me, **Randy Smith, P.O. Box 1016, Fort Gibson, OK 74434**. We will need confirmation that you will be available to participate and your fee paid by **June 21, 2015**. If you have any questions or if you need additional information, please call me at **918-284-3304**.

Bring both gray and white pants and a blue belt for a proper fit. You will need your blue or black batting helmet and all catchers will need their own equipment. We are looking forward to watching you play great baseball in this great series.

Yours in baseball,

A handwritten signature in black ink that reads "Randy Smith". The signature is written in a cursive style.

Randy Smith
Director

John Schwartz
Chairman

Sunbelt Classic
BASEBALL SERIES

CONSENT FOR TREATMENT

CONSENT FOR TREATMENT FOR _____

(Name of Participant)

AS PARENT OR LEGAL GUARDIAN OF THE ABOVE PARTICIPANT, I HEREBY GIVE MY CONSENT FOR ANY EMERGENCY MEDICAL TREATMENT IN CASE OF ILLNESS OR INJURY WHILE PARTICIPATING IN SUNBELT BASEBALL SERIES PLAY-AND-RELATED ACTIVITIES.

I UNDERSTAND THAT THIS IS TO PREVENT UNDUE DELAY AND ASSURE PROMPT TREATMENT AND THAT ONLY A LICENSED PHYSICIAN WILL BE ENGAGED FOR SUCH AN EMERGENCY.

(Participant's Consent) (Yes Or No)

(Parent Or Guardian Signature)

(Relationship)

(Date)

PARENTS AND/OR LEGAL GUARDIAN WILL BE NOTIFIED IN CASE OF ILLNESS OR INJURY AS QUICKLY AS THEY CAN BE REACHED, BUT THIS WILL MAKE IMMEDIATE TREATMENT POSSIBLE.

LIST ANY ALLERGIES OR MEDICATION NEEDED:

OTHER RESTRICTIONS: