

Recreation Department



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TOWN OF HAMMONTON
100 CENTRAL AVENUE
HAMMONTON, NEW JERSEY 08037

FEE \$10.00

CHECK (Made payable to organization)

CASH

PRINT - LAST NAME	FIRST NAME	AGE	GRADE
(has my permission to participate/I will participate) in the Hammonton Recreation Program			

I fully understand that the town of Hammonton will not be responsible for any medical bills incurred while (I/my child) is playing in this league.

I further understand that (I/my child) will be covered for medical costs above and beyond my primary health insurance coverage.

Insurance Company _____

Signature _____

(parent/guardian signature needed if under 18 years of age)

Telephone _____ Address _____

Enter below any Hammonton Recreation Programs you have participated in that carry Town Insurance.

PLEASE REPORT ALL INJURIES TO THE RECREATION DEPARTMENT