



100 Central Avenue  
Hammonton, NJ 08037  
609-567-4300

Recreation Insurance Form

Fee: \$10.00

check (Made payable to organization)

cash

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Print-Last Name	First Name	Age	Grade
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(Has my permission to participate/I will participate) in the Hammonton Recreation Program

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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)

Address \_\_\_\_\_ Phone \_\_\_\_\_

PLEASE SUBMIT THIS FORM TO THE OFFICE OF THE RECREATION LEADER AND INFORM THE OFFICE OF ANY AND ALL INJURIES.

Phone: 609-567-4300 Ext. 107

Fax: 609-567-4302

Email: [dmazzeo@townofhammonton.org](mailto:dmazzeo@townofhammonton.org)