

Fee: **\$10.00** Please indicate payment method:

☐

Check made payable
to organization

or

☐

Cash

The individual indicated below, has my permission to participate/I will participate in the Hammonton Recreation Program.

PRINT - LAST NAME

PRINT - FIRST NAME

AGE

GRADE

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

X

SIGNATURE - Parent/guardian signature needed if under 18 years old.

DATE

ADDRESS

PHONE

Any and all injuries must be reported to the Hammonton Parks and Recreation Department.

Please submit form to:

Hammonton Parks and Recreation Department

100 Central Avenue, Hammonton, NJ 08037, 3rd floor Municipal Clerk's Office

Phone: 609-567-4300 Ext. 103

Email: amonacelli@townofhammonton.org

For the enjoyment and respect of all in attendance during any sports activity, your cooperation in demonstrating Hammonton's high ideals of sportsmanship is expected and greatly appreciated.