



PARENT OR GUARDIAN MUST SIGN THIS FORM WHERE INDICATED
MARLTON RECREATION COUNCIL

P.O. Box 159 Oak Ave. Marlton, NJ 08053 (Ph. - 983-3000)

REGISTRATION, PARENT/GUARDIAN AGREEMENT AND MEDICAL RELEASE



Name _____ SPORT _____

Sex (circle one) M F Date of Birth (MM/DD/YY) (/ /) Phone: _____

Address _____ E - Mail Address _____

City _____ State _____ ZIP _____ Height _____ Weight _____ Position _____

Please know that the Marlton Rec Council is genuinely interested in the safety and well being of your child. You should know that every Rec Council coach is required to attend mandatory clinics dealing with topics such as injury prevention, sports psychology, and first aid. Unfortunately, despite our best intentions, there are times when some of our children do get injured during practices and games. Should this occur, you agree not to sue the Rec Council, its coaches or officers since you realize and acknowledge that getting injured is an inherent risk in all sports. Again, please be assured that we will take all reasonable steps to do our best to see that injuries are prevented.

By permitting your child to participate in our program, you authorize us to seek immediate medical attention for your child. You further agree that you will submit any medical bills for treatment to your own health insurance provider, since our own coverage is secondary to yours. You also agree to bring to the attention of your child's coach any physical condition of significance. For example, allergies to bee stings, asthma, etc. By permitting your child to participate in our activities, you acknowledge that you have obtained clearances from your child's doctor to participate. We do not have the ability to independently screen each child medically and therefore we must rely upon you to accomplish this task.

You further agree, that we have permission to take your child to practices, meets, games and matches at locations outside of Marlton. Of course, your coach will provide you with this information in advance. You can help us provide the positive support we need. We are committed to ending child abuse, and verbal abuse is a form of child abuse. It is disheartening to see parents scream at young children who do not live up to their sports expectations. We reserve the power to exclude parents from events if their conduct warrants it. Yelling at officials and referees is conduct that will not be tolerated. Our coaches will also be held to the same high standard and we would appreciate being notified if any coaches are verbally abusing his or her players or officials.

AND LET US ALL CONSTANTLY REMEMBER THAT THESE ATHLETES ARE ONLY CHILDREN AND THAT THEIR ACADEMIC SUCCESS IS MUCH MORE IMPORTANT IN THE LONG RUN.

A \$25.00 service fee will be charged on all refunds after seven (7) calendar days from the date of sign up.

By your signature you signify that you have read, understood, and agree to all of the terms set forth above.

Parent or Guardian's Printed Name _____

Parent or Guardian's Signature _____

Date _____

***I would be interested in the following
(circle all that apply):***

Coach: (Head/Assistant) Fund Raising Ref/UMP Sponsor

Refreshment Stand Publicity Field Maintenance

Special Needs Other _____

| OFFICE USE ONLY | Registrar's Initials |
|-----------------------|----------------------|
| MRC# _____ | Amount Paid _____ |
| Birth Cert(NEW) _____ | Cash/Check # _____ |

Medical History

(Not required for registration, however no child may participate in any MRC program unless this portion of the form is signed and returned to the child's coach.)

Family Physician: _____ Phone Number: _____

- | | | |
|---|-----|----|
| 1. Has your child ever passed out or been knocked out? | Yes | No |
| 2. Does your child take any kind of medicine on a regular basis? | Yes | No |
| 3. Has your child ever been told that they have a heart murmur, high blood pressure, "extra" heart beats, or any kind of heart condition? | Yes | No |
| 4. Does your child wear glasses, contact lens, braces, or a dental bridge? | Yes | No |
| 5. Does your child have any allergies (asthma, reaction to medicines, hay fever, stinging insects)? | Yes | No |
| 6. Has your child ever had a problem with bleeding? | Yes | No |

Please use the reverse side of the YELLOW FORM to explain any "yes" answers or to provide any additional information that will make your child's sport participation safer.

I, _____ Parent/Guardian of _____ do hereby allow

Coach _____ Phone # _____ to authorize emergency medical treatment in

order to contain a life threatening injury if I cannot be reached and said coach will relinquish that right upon my arrival or communication.

PARENT OR GUARDIAN SIGNATURE _____

The Marlton Rec Council is a non-profit, volunteer organization whose sole purpose is to provide organized sports and promote sportsmanship for the youth of Marlton. Over 7000 children participate in programs each year. All Marlton residents are welcome to attend the general meeting held at the Rec Council building on the first Thursday of each month at 8:30 pm. Anyone interested in helping our children by volunteering your time, please attend the general meeting or contact the Rec Council at 983-3000.

WHITE - OFFICE