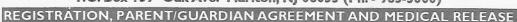


## PARENT OR GUARDIAN MUST SIGN THIS FORM WHERE INDICATED

## **MARLTON RECREATION COUNCIL**

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





Name	SPOR	т		
Sex (circle one) M F Date of Birth (MM/DD/YY) ( / /	) Phon	e:		
Address	E - M	ail Address		
CityStateZIP	Height	Weight Po:	sition	
Please know that the Marlton Rec Council is genuinely interested in the scoach is required to attend mandatory clinics dealing with topics such as injurintentions, there are times when some of our children do get injured during pits coaches or officers since you realize and acknowledge that getting injured reasonable steps to do our best to see that injuries are prevented.	y prevention, sports psycho practices and games. Should	ology, and first aid. Unfort this occur, you agree not	unately, despite our best to sue the Rec Council,	
By permitting your child to participate in our program, you authorize us to will submit any medical bills for treatment to your own health insurance prove to the attention of your child's coach any physical condition of significance. Fo in our activities, you acknowledge that you have obtained clearances from yo screen each child medically and therefore we must rely upon you to accompl	rider, since our own covera r example, allergies to bee s ur child's doctor to particip	ge is secondary to yours stings, asthma, etc. By perr	You also agree to bring nitting your child to play	
You further agree, that we have permission to take your child to practices coach will provide you with this information in advance. You can help us provid verbal abuse is a form of child abuse. It is disheartening to see parents scream at the power to exclude parents from events if their conducts warrants it. Yellin will also be held to the same high standard and we would appreciate being not and let us all constantly remember that these athletes are only children at \$25.00 service fee will be charged on all refunds after By your signature you signify that you have read, under	the positive support we not young children who do not go at officials and referees is otified if any coaches are vertically and THAT THEIR ACADEMIC SUCTOR SEVEN (7) calendar day	eed. We are committed to be live up to their sports end conduct that will not be really abusing his or her p CCESS IS MUCH MORE IMPORT or from the date of sign	o ending child abuse, and expectations. We reserve tolerated. Our coaches layers or officials. TANT IN THE LONG RUN. up.	
Parent or Guardian's Printed Name Parent	or Guardian's Signati	ure Da	te	
I would be interested in the following	OFFICE USE ONLY	OFFICE USE ONLY Registrar's Initials		
(circle all that apply):	OTTICE OSE OTTE	Registrars to	radistrat s timinats	
Coach: (Head/Assistant) Fund Raising Ref/UMP Sponsor	MRC#	A D.:		
Refreshment Stand Publicity Field Maintenance	mkt"	Amount Paid	Amount Paid	
Special Needs Other	Birth Cert(NEW)	Cash/Check	#	
Medical		, , , , , , , , , , , , , , , , , , , ,		
(Not required for registration, however no child may participate in any MRC pro	gram unless this portion of the	torm is signed and returned	to the child's coach.)	
Family Physician:	Phone Numb	er:		
Has your child ever passed out or been knocked out?		Yes	No	
<ol> <li>Does your child take any kind of medicine on a regular basis?</li> <li>Has your child ever been told that they have a heart murmur, high blood pressure,</li> </ol>		Yes	No	
"extra" heart beats, or any kind of heart condition?	i blood pressure,	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)?			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 pro-	ovide any additional information	on that will make your child's	sport participation safer.	
Parent/Guardian of			do hereby allow	
CoachPhone #		to authorize emergency medical treatment in		
order to contain a life threatening injury if I cannot be reached and sain PARENT OR GUARDIAN SIG	d coach will relinquish th	at right upon my arriva	or communication.	
The Marlton Rec Council is a non-profit, volunteer organization whose sole pyouth of Marlton. Over 7000 children participate in programs each year. All M	ourpose is to provide organ	nized sports and promote ne to attend the general r	sportsmanship for the neeting held at the Rec	

general meeting or contact the Rec Council at 983-3000.

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