



City of Burlington NJ USA

DIVISION OF RECREATION

EMERGENCY TREATMENT AUTHORIZATION FORM FOR RECREATION ACTIVITY ENROLLMENT

As a parent and/or guardian of _____, a minor, I hereby authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger my child's life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of Parent or Guardian _____ Relation to child _____

Address _____

City _____ State _____ Zip _____

Daytime Phone No. () _____

Evening Phone No. () _____

Family Physician _____ Phone () _____

Dates during which release is granted are from the date of this registration through the last day of the specific sport season, including any related post-season activities, such as tournaments, competitions, awards ceremonies, etc.

Indicate specific medical allergies, chronic illnesses, or other medical conditions coaches and medical personnel should be aware of: _____

Use back of form if more space is needed

Other responsible person to contact in case of emergency: _____ Relation to child _____

Daytime Phone No. () _____

Evening Phone No. () _____

This release form is completed and signed of my own free will for the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signature (X) _____ Date _____

CITY OF BURLINGTON RECREATION PROGRAM FEE SCHEDULE

All sport fees are set by ordinance and include the following sports: baseball, softball, football, cheerleading, wrestling, basketball and soccer. The fees are as follows: Individual child fees: \$18.00 Family fee (2 or more children): \$28.00 Partial waiver fees: \$5.00-one child; \$8.00-two children; \$10.00-three or more.