



CITY OF BURLINGTON / DIVISION OF RECREATION

522 Wood Street Burlington NJ 08016 609-386-4070

YOUTH SPORTS REGISTRATION FORM

PLEASE PRINT CLEARLY

NAME _____ SEX: M F SPORT _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

AGE _____ DATE OF BIRTH _____ SCHOOL _____ GRADE _____

PARENT/GUARDIAN _____ RELATIONSHIP _____ CELL # _____

HOME# _____ EMAIL ADDRESS _____

PARENT/GUARDIAN _____ RELATIONSHIP _____ CELL # _____

HOME# _____ EMAIL ADDRESS _____

EMERGENCY CONTACT: NAME _____ PHONE _____

ADDRESS: _____

FAMILY PHYSICIAN _____ DR'S PHONE _____

LIST ALLERGIES/ILLNESSES _____

REPORT CARD: A copy of the most recent report card is required for proof of residency.

MEDICAL RELEASE FORM: As a parent and/or guardian of _____, a minor, I hereby authorize 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 authorization is granted only after a reasonable effort has been made to reach me. Release is granted from the date of registration to last day of the season, including any related post-season activities, such as tournaments, competitions, award ceremonies, etc.

PARENTS AGREEMENT: As a parent/guardian of _____, a minor, I realize that there is a risk of my child being injured that is inherent in all sports and activities. I acknowledge and fully understand that each participant will be engaged in activities that involve risk of serious injury, including permanent disability and death, which may result not only from their own actions, but the inactions or negligence of others. Further, that there may be other risks not known to us or not reasonably foreseeable at this time. I also understand that my medical insurance is the primary coverage in the event of injury and the City Accident Insurance is only secondary and that I am responsible for any deductible.

I will return all equipment/uniform in as good a condition as received except for normal wear and tear. I understand that I am financially responsible for any equipment/uniform not returned and will also forfeit the right for any family member to play in any City Recreation youth sport program in the future.

I UNDERSTAND THAT I MAY BE REQUIRED TO ATTEND A MANDATORY PARENT/GUARDIAN MEETING. FAILURE TO ATTEND WILL NULLIFY THIS REGISTRATION FOR EACH SPORT IN WHICH MY CHILD PARTICIPATES.

Parent/Guardian Signature _____ Date _____

→Turn-Over←
Please Sign Athletic Code of Conduct & Sports Parent Acknowledgement

Enrollment fees per sport (Make check payable to "City of Burlington"):

Individual Child Fee = \$20.00 Family Fee (2 or more children) = \$30.00
Partial Waiver Fee = \$5.00-one child \$10.00 two children \$15.00 three or more

Proof of waiver eligibility must be provided with each registration
(Football/Cheerleading Only) Provide copy of birth certificate at time of registration

OFFICE USE ONLY:
Registration Amount Paid \$ _____ Paid by Cash/Check Receipt # _____