

GLASSBORO PARK AND RECREATION INFORMATION SHEET

Players & Coaches

Last Name _____ First Name _____

Address _____

Town _____ State _____ Zip _____

Gender M/ F Grade _____ Birthdate ____/____/____ Size- Shirt _____ Pants _____

Phone Home _____ Cell _____ Work _____

Other _____ Email _____

Contact Information: Players only

Father's Name _____ Cell/Other Phone _____

Mother's Name _____ Cell/Other Phone _____

Emergency Contact other than parents:

Name _____ Home Phone _____ Cell _____

Medical Information:

Physician's Name: _____ Phone _____

Insurance Carrier _____

Policy ID _____

**Liability form must be signed if there is no insurance. Please ask for the Form.*

***Each Participant shall be covered by his/her own policy. There will be no participation without proof of insurance.*

Allergies: _____

Medicines: _____

Special Restrictions or

Needs: _____

****Please be aware that the information given will be shared with Coaches. Please do not disclose any information you do not wish to share with others.*

*****The above information is true to the best of my knowledge. I will be responsible to update and advise the Park and Recreation Office of any changes. I will not hold the Park and Recreation Commission, their employees or coaches liable for any injuries incurred while participating in any activities.*

Signature of Parent or

Guardian _____ **DATE** _____

Other Family

Members: _____

office use:

Member: Youth Coach Teen Adult Senior

Member ID #: _____ **Family ID:** _____

Put in system by: _____ *Last updated on* _____

