

TOWNSHIP OF FRANKLIN RECREATION
Basketball Program Season 2017-2018 Application

Name: _____ Male ___ Female ___ Jersey Size _____
(Adult/Youth) (S,M,L,XL)

Birth Date: _____ Age: _____ Grade: _____ School Attending _____

Mailing Address _____
Number Street (Apt# if any) Town Zip Code

Telephone # _____ Emergency Contact _____

Emergency Telephone # _____ Relationship: _____

AUTHORIZED PEOPLE TO PICK UP CHILD IN THE EVENT OF ILLNESS, ACCIDENT OR EARLY DISMISSAL:

Name _____ Telephone # _____

Cell # _____ Relationship to Child _____

Name _____ Telephone # _____

Cell # _____ Relationship to Child _____

Medical Insurance: Name of Company: _____

Policy # _____

Group # _____

By enrolling and signing this application, I give my permission to attend any activity and authorize any medical treatment in my absence for the well being of the child, in case of an emergency. Please list any special medical or physical needs, medical conditions, or allergies the personnel should be aware of. I understand if my child requires an inhaler/epi-pen that the child is responsible for taking it with him/her on any field trip or activity.

Any accident or injury must be reported to the Recreation Office the following work day.

The applicant, parents, guardians, heirs, legal representatives and assignees, to the fullest extent permitted by law, hereby agrees to indemnify and hold harmless the Township of Franklins and all of its agents, directors, officers, employees and volunteers and the physician or hospital treating my child, against any and all claims, judgments, demands for damages and expenses, including but not limited to attorney's fees, arising out of, by reason of, on account of, in consequence of, or in connection with their child's participation at the Township of Franklin Recreation Basketball program, arising from accidents to any persons or property caused by or to the child or other participants or any other person(s) to which this application applies.

Parent will be responsible for the conduct of their child while participating at the Township of Franklin Recreation Basketball program and enforce all rules and regulations as required by the Township's recreation program. Parent agrees and acknowledges that any violations to the rules and regulations will not be tolerated and child may be subject to expulsion from this program and any other Township sponsored program.

Parent/Guardian Signature _____ **Parent/Guardian Name** _____
Please print

I am interesting in Coaching: Yes No (If interested in coaching, you must be Rutgers SAFETY Certified)