

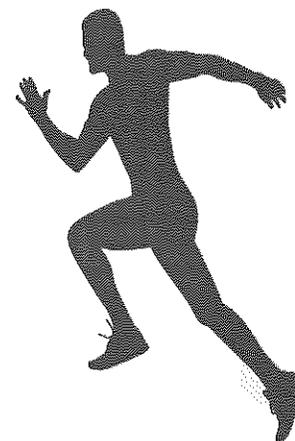
Glassboro Park and Recreation

Track and Field

2020 Spring Registration

Open February 10th-March 20th

Ages 8-15



\$50

WHERE TO REGISTER:

Glassboro Park and Recreation Office
152 Delsea Drive South Glassboro, NJ 08028

OR VISIT:

glassboro.org/parks-recreation for registration form

FOR ANY QUESTIONS:

Call (856) 881-1515 ex. 2

Glassboro Park and Recreation
2020 Track and Field Registration
Open February 10rd-March 20th
Ages 8-15

Registration Fee: \$50.00 per participant

Please make checks payable to Glassboro Park and Recreation (Payment due at registration)

Name of Participant

First: _____ Last: _____

Date of Birth: _____ Male: _____ Female: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Emer. Contact: _____

Shirt Size: _____ Short Size: _____ (please use: Youth and Adult Sizes ex. YS or AS)

Emergency Medical Information

Explain: (If necessary) _____

Medication/Allergies: _____

Health Insurance Information Each participant must be covered by his/her own health insurance policy. There will be no participation without proof of insurance coverage. If you do not have health insurance please request a liability release form.

Name of Health Insurance: _____ Policy Number: _____

*Signature of Parent or Guardian: _____

*Email Address: _____

WITHOUT VOULNTEERS THIS PROGRAM WOULD NOT BE POSSIBLE

If you would like to assist in the Track and Field Program please indicate below

Name: _____ Phone #: _____

Email: _____

Volunteers MUST have a background check. Please ask the Park and Recreation Office for details.
OFFICE USE ONLY:

DATE _____ CASH _____ CHECK _____ REC'D BY _____

Glassboro Park and Recreation Office: 152 Delsea Drive South

Mailing Address: 1 South Main Street

Phone: (856) 881-1515 ex. 2

Registration Hours: 8:30am-4:30pm

GLASSBORO PARK AND RECREATION INFORMATION SHEET

Players

Gender: Male _____ Female _____

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip Code _____

Grade _____ Birthdate ____/____/____ Shirt Size _____ Pants _____

Phone: Home _____ Cell _____ Work _____

Other _____ Email _____

Contact Information: Players only

Father's Name _____ Cell/Other _____

Mother's Name _____ Cell/Other _____

Emergency Contact (not a parent)

Name _____ Relationship _____

Contact Number _____ Cell/Home _____

Medical Information

Physician's Name _____ Phone _____

Insurance Carrier _____

Policy ID # _____

- * Liability form must be signed if there is no insurance. Please request a form.
- * Each participant shall be covered by his/her own policy. There will be no participation without proof of insurance.

Allergies _____

Medications _____

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 Department 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 _____

Relationship _____

OFFICE USE ONLY:

Member: Youth _____ Teen _____ Coach _____

Member ID #: _____ Entered by: _____ *Update on: _____