

READINGTON RECREATION SPORTS TRYOUT FORM

Sport_____

Season_____

LAST NAME_____FIRST NAME_____

ADDRESS_____

CITY_____ZIP CODE_____

PHONE_____CELL_____AGE/GRADE_____

E-MAIL_____

EMERGENCY CONTACT_____

ALLERGIES; MEDICAL PROBLEMS_____

APPROVAL AND EMERGENCY MEDICAL RELEASE

*I, the undersigned, give my approval for my child to participate in this activity and hereby waive, release and agree to hold harmless Readington Township, the Recreation Committee, and all volunteers and persons involved in the program from any claim arising from injury to my child.

*I, understand that in the event my child is injured as a result of participation in any recreational activity in connection with this program that reasonable efforts will be made by the Readington Township, Recreation Committee or persons authorized on their behalf, to contact me. However, if it is determined by a Certified EMT Volunteer, Police Officer, Physician or Surgeon that my child_____is in need of emergency medical or surgical treatment, then I give my consent to such treatment.

SIGN(parent/guardian)_____DATE_____