



GIRLS REC VOLLEYBALL

Calling all 6th-8th grade girls:
Do you WANT to play VOLLEYBALL?
Join us on Tuesday afternoon's at the
Rec Center Gym 4:30-5:30pm

Natalie Labrada will be running a seven week program designed for
GIRLS only!

November 17- December 29

\$20 registration fee

Only 40 spots available



Cut and return the bottom portion with payment to the Leonia Recreation Center 370 Broad Ave Leonia NJ 07605

Middle School Girls Rec Volleyball PLEASE FILL OUT BOTH SIDES OF FORM

NAME _____

ADDRESS _____

CITY _____ ZIP _____

HOME PHONE _____ CELL _____

WORK # _____

DATE OF BIRTH _____ Age _____ CHILD GRADE _____

PARENT/GUARDIAN NAME(PRINT) _____

Email address _____

WE ASK ALL PARTICIPANTS OF RECREATION PROGRAMS TO PLEASE FILL OUT AN EMERGENCY AUTHORIZATION FORM AT THE BEGINNING OF EACH CALENDAR YEAR. THANK YOU.

NOTE: THE BOROUGH OF LEONIA IS NOT RESPONSIBLE FOR AN ACCIDENT WHICH IS THE DIRECT RESULT OF THE PARTICIPANT'S INVOLVEMENT IN A RECREATION PROGRAM. ANY MEDICAL TREATMENT FOR ANY ACCIDENT IS THE RESPONSIBILITY OF THE PARTICIPANTS'S OWN MEDICAL INSURANCE.

EMERGENCY TREATMENT AUTHORIZATION FORM

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ CELL # _____

WORK # (M) _____ WORK # (D) _____

MEDICAL INFORMATION

PHYSICIAN'S NAME _____

PHYSICIAN'S PHONE # _____

HOSPITAL CHOICE _____

PLEASE LIST ALL ALLERGIES, CHRONIC ILLNESSES, OR OTHER MEDICAL CONDITIONS:

CHILD INFORMATION: To Whom It May Concern, As a parent and / or guardian of _____ a minor, I hereby authorize the 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 authority is granted only after a reasonable effort has been made to reach me.

EMERGENCY CONTACT – (Adult & Child) _____

RELATIONSHIP _____ PHONE # _____

THIS RELEASE FORM IS COMPLETED AND SIGNED OF MY OWN FREE WILL FOR THE SOLE PURPOSE OF AUTHORIZING MEDICAL TREATMENT UNDER EMERGENCY CIRCUMSTANCES IN MY ABSENCE. THIS WAIVER WILL COVER MYSELF / MY CHILD FOR ALL RECREATION ACTIVITIES.

SIGNATURE _____ DATE _____