

Muck City SUMMER BASKETBALL REGISTRATION FORM

Completed forms can be mailed to, Mt Holly Township Recreation Dept, 23 Washington St, Mt. Holly, NJ Delivered to the Recreation office at 23 Washington St, or Email to: jrjones@twp.moutholly.nj.us
Contact Jim Jones, Recreation Director with any questions you may have at 609-267-1742

PLEASE TYPE OR PRINT CLEARLY – ONE FORM PER CHILD - PROOF OF ADDRESS IS REQUIRED

Child's Name:

T-Shirt Size

Address: _____

Home Phone

Age: ____

DOB:

My child is currently registered in which school: _____ Grades completed: ____

1st Parent or Guardian Name

Relationship:

Mobile:

Email:

2nd Parent or Guardian Name:

Relationship:

Mobile:

Email:

Muck City Summer League Costs: 1 Child **\$65**, 2 Children **\$125**, 3 or more Children **\$175**
Please make checks payable to Mt Holly Recreation and mail to 23 Washington St. Mt. Holly, NJ

Person picking up child

Relationship

Phone:

In Case of Emergency, please list 2 names and numbers below:

Name:

Relationship:

Phone:

Name:

Relationship:

Phone:

By enrolling my child, I ensure that my child is physically and mentally able to participate in all activities. I understand that the township of Mount Holly, employees, representatives, or the property where the session is held and any or all of its officials cannot be held responsible in whole or in part for any accidents, illness or injuries resulting in medical or dental expenses incurred from participation in this program. I hereby release each of them from and against any and all claims, costs, liabilities and injuries incurred while in training. I agree to assume full and complete responsibility for any and all medical bills arising from a player's participation. In the event of any emergency, I authorize the Township of Mount Holly to exercise its judgment in the treatment of my child by a medical authority. By signing this release and agreement I acknowledge that I have read and fully understand and agree to all of its terms.

Parent/ Guardian Signature

ALL FORMS MUST INCLUDE BOTH PAGES, ALONG WITH PROOF OF GRADUATION FROM LAST GRADE SUCH AS A REPORT CARD

****NO CHILD WILL BE ABLE TO PARTICIPATE WITHOUT ALL FORMS BEING COMPLETED****

This is NOT a Mt. Holly Twp. Public Schools sponsored program



2024

TOWNSHIP OF MT. HOLLY

MUCK CITY SUMMER BASKETBALL MEDICATION

REQUEST FORM

The NJ Department of Education, Office of Educational Support Services, recommends that **ALL MEDICATION (both prescription and over the counter OTC) must** be accompanied by written permission from **BOTH the PARENT and PHYSICIAN**. The Township of Mt. Holly follows the recommendation that permission is required from **BOTH PARENT AND PHYSICIAN** for administration of any medication. In order for a program participant to receive any medicine including Tylenol, Advil or Motrin, the Township Summer Basketball Program needs written permission from both the parent and the physician.

Prescription medication must be brought to the program by the parent, unless other arrangements have been made with the Recreation Department. It must be in the original prescription container, labeled with the name of the child, medication, dosage and name of the physician.

All prescription and specific non-prescription medications (i.e. Zyrtec, Claritan, Excedrin, Aleve, etc.) should be provided by the parent/guardian with a written permission of the child's physician and parent/guardian including the child's name, purpose of the medication, the time at which (or the circumstances under which) the medication shall be administered, and the length of time for which the medication is prescribed.

Only those medications which are medically necessary during recreation program hours for a child's well being should be sent to the Recreation Department.

Child's Name:

DOB:

Medication Name:

Reason for Medication:

Dosage:

Time to be given:

Dates Medication to be Given from:

To:

How is it taken:

Example: by mouth, inhaler, with food, crushed, not applicate, etc.

Additional Comments:

Parent's Signature

Physician's Signature

Telephone

Telephone

I hereby agree that all information contained within is accurate and truthful

Please Attach additional Pages for any other medical information needed

www.twp.mountholly.nj.us/recreation

23 Washington Street, Mount Holly, NJ 08060 • TEL: (609) 267-1742 • FAX: (609) 267-8155