

**ROBBINSVILLE TOWNSHIP RECREATION DIVISION
MEDICAL INFORMATION FORM**

NAME OF PARTICIPANT _____	DATE OF BIRTH _____
ADDRESS _____	HOME PHONE _____

PHYSICIAN _____ PHONE _____
ADDRESS _____

HEALTH INSURANCE CARRIER _____
POLICY NUMBER _____ GROUP NUMBER _____

IN CASE OF EMERGENCY, CONTACT (Please list two people):	
(1) NAME _____	(2) NAME _____
RELATIONSHIP TO PARTICIPANT _____	RELATIONSHIP TO PARTICIPANT _____
ADDRESS _____	ADDRESS _____
PHONE _____	PHONE _____

ALLERGIES _____
Is there any medical condition that would restrict your participation in any activity? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain, _____
Please list any other health-related problems or concerns you may have that the Recreation Division should be aware of: _____

PARTICIPATION AGREEMENT

I realize there is a risk of being injured that is inherent in all sports. In the event of an injury or accident, I hold Robbinsville Township and its representatives harmless from and indemnify them against any liability or loss incurred in connection with any injury to or as a result of any treatment rendered pursuant for the participant listed above.

Signature of Participant _____ Date _____