Haddon Township Athletic Association
Participation and Release Form

Name of Sport/Activity ___________________________________ eMail Address ________________________

Name of Participant ____ Date of Birth ______________________

Address ____

Child's School _______________________ Grade (as of _______): _______ or Age (As of: _______) _______

Parent(s) Name ___________________________________ Home Phone _________________________________

Are you interested in coaching?	Yes ☐	No ☐
Have you been certified at HTAA Coaches Clinic (Rutgers Clinic)?	Yes ☐	No ☐
Have you been approved to coach through HTAA's Criminal History Check?	Yes ☐	No ☐
Has your Son's or Daughter Birth Certificate been reviewed and verified?	Yes ☐	No ☐

Insurance Statement/Injury Waiver

I hereby authorize my son/daughter to participate in the ***Haddon Township Athletic Association*** sport indicated above. It is my understanding that the Athletic Association has purchased **EXCESS** accident insurance coverage for all sports.

Haddon Township Athletic Association desires to protect parents from financial burdens that can result from accidents while participating in sports. All bills are to be submitted through the parent's insurance carrier first, before the Athletic Association's carrier can consider payments. Full excess means that the insurance company shall not include that portion of medical expense resulting from any covered injury that is reimbursable by other valid and collectible insurance. Our insurance carrier will cover excess expenses for treatment within 365 days of the initial accident, and up to $250,000 for each accident. Accident insurance claim forms must be completed by the responsible parent and returned to the ***Haddon Township Athletic Association*** within thirty (30) days of the accident/injury. These forms are available through your son / daughter's coach or manager.

The undersigned acknowledges that there are certain risks of personal injury inherent in participating in the above sport for which the ***Haddon Township Athletic Association*** cannot bear liability. Accordingly, the undersigned releases the ***Haddon Township Athletic Association*** form liability in regard to personal injuries occurring from those inherent risks.

Signature of Parent/Guardian ____ Date: ______________________

Medical Information / Emergency Treatment Authorization

Emergency Contact ____ Telephone ____________________________

Family Physician ____ Telephone ____________________________

Hospital Preference____

List specific medical allergies, chronic illness or conditions of which coaches and medicatl personnel should be aware:

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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.

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. *Refunds could be charged a $10.00 processing fee*.

Dates during which release is granted: From ______________________ To ________________________

Signature of Parent ____ Date: __________________

HTAA 05/06