

PROGRAM: Summer Volleyball Clinic

NAME OF PARTICIPANT _____
ADDRESS _____ TOWN _____
SCHOOL _____ GRADE _____ D/O/B _____
NAME OF PARENT/GUARDIAN _____
ADDRESS _____ TOWN _____
PHONE (H) _____ (W) _____ (C) _____
E-MAIL ADDRESS _____
EMERGENCY CONTACT _____ PHONE _____
PHYSICIAN _____ PHONE _____
MEDICAL CONSIDERATIONS _____

THE RECREATION COMMISSION RECOMMENDS THAT ALL PARTICIPANTS HAVE AN ANNUAL PHYSICAL.

MEDICAL RELEASE: In case of an emergency during which I cannot be contacted, I give permission to administer emergency treatment as required.

YES _____ NO _____

The Bogota Recreation Commission (BRC) has purchased excess accident insurance through Bollinger Insurance Company.

This coverage is on an "EXCESS" basis, over and above your primary hospitalization and has a \$50 deductible per incident. However, this policy does not pay all moneys unpaid by your carrier. It pays accordingly, based on a schedule of usual and customary charges for our area. Therefore, you may experience some out-of-pocket expenses which WILL NOT be reimbursable by the BRC or the borough of Bogota.

This Coverage will only cover the participant while they are involved in an AUTHORIZED program. Once the participant has been dismissed from the program, the BRC is no longer liable. The BRC is also not liable for any incident occurring if the participant is just "hanging out" at the facility. It is the parent's or guardian's responsibility to get the participant to and from a facility.

All accidents should be reported IMMEDIATELY to the Coach/Instructor. A Claim Form is to be completed by the parents and program administrator within 24 hours. All incidents are then to be reported to the Recreation Director.

Claim forms are available at the Recreation Center Office.

SIGNATURE PARENT/GUARDIAN _____ DATE _____