

Fairfield Police Athletic League

PAL Travel Basketball ACTIVITY REGISTRATION FORM

Registration for 2017 Season Begins September 5th and ends September 15, 2017

Mail w/check payable to Fairfield PAL to: Fairfield PAL 100 Reef Road Fairfield, CT 06824 or Drop in box in FPD Lobby.

PARTICIPANT INFORMATION

Fees: \$ 225 first child, \$150 second Child

NAME (LAST, FIRST, MI)

AGE

DATE OF BIRTH

_____ / _____ / _____

Home Tel # _____

Cell # _____

Can Parent Volunteer ? Y N

Primary Email (please print clearly): _____

Street Address: _____

Zip Code _____

School _____

Grade _____

Circle One

Male

Female

Participant's Height _____

Weight _____

Jersey Size S M L XL

Shorts Size S M L XL

(Adult Sizes)

PAL Basketball Behavior Policy:

PAL encourages good sportsmanship and positive reinforcement at practices and games. PAL has a Zero tolerance rule for poor behavior by parents, spectators or players. No verbal or physical abuse will be tolerated. If any occurs the child and the parents are removed from the league - no exceptions. The Program Director and PAL Board have final say on all disciplinary matters.

I, the parent or legal guardian signed below, have discussed this Policy with my Child and hereby grant permission for my child to participate in the PAL Travel Basketball program and agree to adhere to the Zero Tolerance policy.

P.A.L. PARTICIPANT (CHILD)

SIGNATURE X _____

PARENT / LEGAL GUARDIAN:

SIGNATURE X _____

EMERGENCY CONTACT INFORMATION

NAME and RELATIONSHIP TO PARTICIPANT

HOME PHONE

CELL PHONE

WORK PHONE

HOME
ADDRESS

MEDICAL INFORMATION / AUTHORIZATION

FAMILY PHYSICIAN

PHYSICIAN PHONE NUMBER

INSURANCE COMPANY

POLICY NUMBER

Detail any known allergies, medical conditions, medications or restrictions:

Use back if needed

PAL ACTIVITY INJURY RELEASE

I authorize the representative of the Fairfield Police Athletic League to act in my behalf for the purpose of obtaining emergency medical treatment for the participant listed above. YES NO

I, the parent of the participant in the Fairfield Police Athletic League's Program, assume all risks and hazards incidental to the conduct of the activity and transportation to and from the activity. I am aware that participating in any athletic program can be a dangerous activity involving many risks of injury. I hereby release, absolve, indemnify, and waive any claims against the Fairfield Police Athletic League, Fairfield Police Department, Town of Fairfield, and any Board Members or Coaches representing them.

I further state that I have read the foregoing Medical Authorization and know and understand the content thereof, and freely sign the same on this _____ day of _____, 20____.

Signature of Parent or Legal Guardian of Participant

X _____

***** Any questions: Contact FairfieldPALHoops@Gmail.com *****