

# Fairfield Police Athletic League

## PAL Travel Basketball ACTIVITY REGISTRATION FORM

Registration for 2016 Season Begins September 12th and ends September 23, 2016

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: \$ 200 first Child, \$125 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:

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HOME PHONE:

CELL PHONE:

WORK PHONE:

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HOME ADDRESS:

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## MEDICAL INFORMATION / AUTHORIZATION

FAMILY PHYSICIAN:

PHYSICIAN PHONE NUMBER:

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INSURANCE COMPANY:

POLICY NUMBER:

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

Use back if needed

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## 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 \_\_\_\_\_, 2016.

**Signature of Parent or Legal Guardian of Participant:**    X \_\_\_\_\_