



FAIRFIELD PAL
ACTIVITY REGISTRATION FORM

PARTICIPANT INFORMATION

NAME _____ AGE _____ DATE OF BIRTH ____ / ____ / ____

HOME PHONE # _____ CELL PHONE # _____

CONTACT E-MAIL: _____

STREET ADDRESS: _____ TOWN: _____ ZIP: _____

EMERGENCY CONTACT INFORMATION

NAME AND RELATIONSHIP TO PARTICIPANT _____

HOME PHONE # _____ CELL PHONE # _____

INJURY RELEASE

I AUTHORIZE THE REPRESENTATIVES OF THE FAIRFIELD POLICE ATHLETIC LEAGUE TO ACT ON MY BEHALF FOR THE PURPOSE OF OBTAINING EMERGENCY MEDICAL TREATMENT FOR THE PARTICIPANT LISTED ABOVE. _____ YES _____ NO

I, THE PARENT OR LEGAL GUARDIAN 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 PROGRAM CAN BE A DANGEROUS ACTIVITY INVOLVING MANY RISKS OF INJURY. WE EXPECT ALL PARTICIPANTS TO FOLLOW ALL COVID-19 RESTRICTIONS AND REGULATIONS. I DO FURTHER RELEASE, ABSOLVE, INDEMNIFY, AND WAIVE ANY CLAIMS AGAINST THE FAIRFIELD POLICE ATHLETIC LEAGUE, FAIRFIELD POLICE DEPARTMENT, FAIRFIELD PARK & RECREATION DEPARTMENT, FAIRFIELD BOARD OF EDUCATION, 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.

AUTHORIZATION

NAME OF PARENT OR LEGAL GUARDIAN OF PARTICIPANT: _____

SIGNATURE: _____ DATE: ____ / ____ / ____