



## PAL Travel Basketball ACTIVITY REGISTRATION FORM

Registration for the 2022-2023 Season closes October 1, 2022

Mail completed form to Fairfield PAL, 100 Reef Road, Fairfield, CT 06824.

There is no fee to tryout; for those who make a team, payment will be required to secure your spot.

### PARTICIPANT INFORMATION

NAME (LAST, FIRST, MI)	AGE	DATE OF BIRTH
_____	_____	____/____/____
HOME TEL # _____	CELL # _____	Parent interested in coaching ? Y N
PRIMARY EMAIL (please print clearly): _____		
ADDRESS: _____	ZIP _____	
SCHOOL _____	GRADE _____	MALE / FEMALE
PARTICIPANT'S HEIGHT _____	WEIGHT _____	

#### 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 the PAL Board have the 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 \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

## MEDICAL INFORMATION / AUTHORIZATION

FAMILY 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 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 athletic program can be a dangerous activity involving many risks of injury. I also acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren), my family, and I may be exposed to by participating in Fairfield PAL programs. 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 for any such injuries or illness.

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 \_\_\_\_\_