



**PAL Travel Basketball
ACTIVITY REGISTRATION FORM**

Registration for 2010 Season Begins September 14th and ends September 28, 2010

Mail w/payment to: Paul Krumins PO Box 751 Fairfield, CT 06824 or Drop to Leslie at Higgins Group 1530 Post Road, Fairfield (across from Borders)

PARTICIPANT INFORMATION

Fees: \$175 per child, \$100 second Child

NAME (LAST, FIRST, MI) _____ AGE _____ DATE OF BIRTH ____ / ____ / ____

Home Tel # (203) _____ Cell # _____ Can Parent Volunteer as Coach? Y N

Cell # 2 _____ Email: _____ Email: _____

Street Address: _____ Fairfield / Southport Zip Code _____

School _____ Grade _____ **Circle One** Male Female

Participant's Height _____ Weight _____

Jersey Size S M L XL

Adult Sizes Only

Short Size S M L XL

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 such 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

(203) _____

INSURANCE COMPANY

POLICY NUMBER

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

Use back if needed

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 program can be a dangerous activity involving many risks of injury. I do further 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 _____