



**PAL TRAVEL FIELD HOCKEY
ACTIVITY REGISTRATION FORM
FOR 2011 SEASON**

FEE: \$75 PER CHILD (PLEASE MAKE CHECKS PAYABLE TO FAIRFIELD PAL)

MAIL THIS FORM WITH PAYMENT TO: PRISCILLA SCHULZ, 108 FLAX ROAD, FAIRFIELD, CT 06824

PARTICIPANT INFORMATION

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

HOME PHONE # (203) _____ CELL PHONE # _____

CONTACT E-MAIL: _____

STREET ADDRESS: _____ FAIRFIELD / SOUTHPORT ZIP CODE _____

SCHOOL _____ GRADE ENTERING IN FALL 2011 _____

JERSEY SIZE: S M L XL

SHORTS SIZE: S M L XL

(ADULT SIZES ONLY)

P.A.L. PARTICIPANT (CHILD): **SIGNATURE** _____

PARENT / LEGAL GUARDIAN: **SIGNATURE** _____

EMERGENCY CONTACT INFORMATION

NAME AND RELATIONSHIP TO PARTICIPANT

HOME PHONE _____

CELL PHONE _____

HOME ADDRESS _____

MEDICAL INFORMATION / AUTHORIZATION

FAMILY PHYSICIAN

PHYSICIAN'S 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.

I FREELY SIGN THE SAME ON THIS _____ DAY OF _____, 2011

SIGNATURE OF PARENT OR LEGAL GUARDIAN OF PARTICIPANT _____