



GREAT BAY REGIONAL POLICE ATHLETIC LEAGUE, INC.

665 RADIO ROAD

LITTLE EGG HARBOR, NEW JERSEY 08087

PHONE (609) 296-3666 FAX (609) 812-1069



2018 P.A.L. FREE SUMMER ACTIVITIES APPLICATION

PLAYERS NAME:		Date of Birth	Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
HOME ADDRESS:	Number & Street	City or Town	State	Zip Code
Home Telephone Number:	Cellular Telephone Number:		Work Telephone Number:	
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School				Grade
Please list any medical problems or allergies				

EMERGENCY CONTACT INFORMATION

PRINTED NAME:	Home Telephone Number:	Cellular Telephone Number:	Work Telephone Number:
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PAL PARENT CONSENT FORM, INSURANCE WAIVER AND ATHLETE'S CODE

1. Demonstrate good sportsmanship at all times.
2. Strictly follow all rules and regulations issued by PAL.
3. Maintain proper conduct and behavior during the season.
4. Demonstrate respect and support of the coaches, other team members, officials and opposition.
5. Maintain proper care of all PAL equipment and always respect the personal property of others.
6. Refrain from any actions (cursing & fighting), involving illegal or dangerous substances (alcohol, drugs, and tobacco) as well as any actions, which violate the law.

NOTE: Any infraction of this Code of Conduct may result in a reprimand, suspension and/or expulsion.

The P.A.L. insurance protection is an excess plan. This means you must first claim benefits under any and all other Medical insurance coverage you presently have. The coverage provided has limitations in terms of the items covered, as well as the amount to be paid on claims. This is especially important if you do not have private insurance as a serious injury may result in costly medical bills. Your signature is an acknowledgement of the limitation of insurance protection for the athletes.

I authorize the P.A.L. site supervisor to give permission for this child to receive any and all medical attention required, in their sole judgment after consultation with a qualified physician, for any injury or medical condition that arises during participation in this program. I understand that reasonable attempts will be made to notify me or the emergency contact listed above prior to authorization of the aforesaid medical treatment.

I further agree to hold harmless Great Bay Regional P.A. L., Inc., its directors, officers, employees and volunteers for any damages that occur as a result of participation in this program.

MY SIGNATURE INDICATES THAT I ACCEPT THESE CONDITIONS AND ALSO THAT I HAVE READ AND UNDERSTAND ALL RULES AND REGULATION CONCERNING PARTICIPATION, AND THAT I WILL ACCEPT DISCIPLINARY ACTION FOR ANY INFRACTION OF THESE RULES.

Parents Name _____ Signature _____ Date _____

Participants Name _____ Signature _____ Date _____

PROGRAM TYPE (Please Check✓) Basketball Fishing Martial Arts