



ACTIVITY REGISTRATION FORM

INSTRUCTIONS:

Complete all sections of this registration form, including the injury release form on page 2. Please type or print. For more information contact the program coordinator.

| | |
|----------------------------|--|
| PROGRAM INFORMATION | Basketball, Field Hockey, Wrestling, etc |
|----------------------------|--|

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|-------------------------|
| ACTIVITY (PROGRAM NAME) |
|-------------------------|

| |
|--------------------------------|
| PARTICIPANT INFORMATION |
|--------------------------------|

| | | | |
|------------------------|-----------|---------------|----------------|
| NAME (LAST, FIRST, MI) | AGE | DATE OF BIRTH | TELEPHONE # |
| HOME ADDRESS # STREET | CITY/TOWN | STATE | ZIP |
| SCHOOL & GRADE | | | E-MAIL ADDRESS |

| |
|-------------------|
| SIGNATURES |
|-------------------|

P.A.L. PARTICIPANT

PRINT NAME

SIGNATURE

DATE

PARENT / LEGAL GUARDIAN:

PRINT NAME

SIGNATURE

DATE

| |
|-----------------------|
| CLOTHING SIZES |
|-----------------------|

| |
|---|
| Clothing is not issued for all activities |
|---|

T-SHIRT

- SMALL
- MEDIUM
- LARGE
- X-LARGE
- OTHER: _____

SWEAT SHIRT / JERSEY

- SMALL
- MEDIUM
- LARGE
- X-LARGE
- OTHER: _____

SHORTS

- SMALL
- MEDIUM
- LARGE
- X-LARGE
- OTHER: _____

INJURY RELEASE

NAME (LAST, FIRST, MI)

INSTRUCTIONS: Please complete all applicable areas. The medical authorization must be completed and the form signed and notarized.

PARTICIPANT INFORMATION

| | | |
|------------------------|---------------|--------------|
| NAME (LAST, FIRST, MI) | DATE OF BIRTH | HOME ADDRESS |
|------------------------|---------------|--------------|

EMERGENCY CONTACT INFORMATION

| | | | |
|------------|--------------|-----------------------------|----------------------------|
| NAME | HOME ADDRESS | RELATIONSHIP TO PARTICIPANT | |
| HOME PHONE | CELL PHONE | WORK PHONE | OTHER NUMBER (PAGER, ETC.) |

| | | | |
|------------|--------------|-----------------------------|----------------------------|
| NAME | HOME ADDRESS | RELATIONSHIP TO PARTICIPANT | |
| HOME PHONE | CELL PHONE | WORK PHONE | OTHER NUMBER (PAGER, ETC.) |

MEDICAL AUTHORIZATION

| | | | |
|------------------|------------------------|-------------------|---------------|
| FAMILY PHYSICIAN | PHYSICIAN PHONE NUMBER | INSURANCE COMPANY | POLICY NUMBER |
|------------------|------------------------|-------------------|---------------|

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

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

INJURY / MEDICAL RELEASE

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 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