NASSAU COUNTY POLICE ACTIVITY LEAGUE INC.
BALDWIN UNIT
REGISTRATION FORM
PLEASE FILL OUT SEPARATE APPLICATIONS FOR EACH CHILD AND EACH SPORT

SPORT REGISTERING FOR (ONE PER FORM) _____

NAME (print clearly) _____ _____
first last

ADDRESS_____ TOWN, ZIP _____

PLEASE CHECK HERE FOR ADDRESS CORRECTION OR TELEPHONE # CHANGE, _____]

HOME PHONE #_____CELL PHONE #_____BIRTH DATE _____

SCHOOL _____AGE ____GRADE_____SEX_____ANY MEDICAL PROBLEMS?_____

CAN PARENT ASSIST: COACH (name)_____ASSISTANT COACH (name)_____

HAVE YOU PLAYED IN BALDWIN PAL BEFORE?_____ E-MAIL ADDRESS_____

PRINT (LEGIBLY) FULL NAME OF PARENT OR GUARDIAN_____

******REFUNDS WILL NOT BE ISSUED AFTER PROGRAMS START******

REQUEST TO BE WITH SPECIFIC TEAM, COACH, OR FRIENDS CANNOT BE HONORED

CONSENT OF PARENT OR GUARDIAN

I, THE UNDERSIGNED, being the parent or guardian of _____ do hereby grant permission
NAME OF PARTICIPANT (CHILDS NAME)

for his/her participation in all activities, athletic or otherwise, sponsored by NASSAU COUNTY POLICE ACTIVITY LEAGUE, and release from responsibility the said corporation, it's coaches, volunteers, employees, agents, officers, directors, the Nassau County Police Department and the County of Nassau, for any injury, loss of life or other loss or damage as a result in participation in any activity of the Nassau County Police Activity League. Furthermore, I understand the Nassau County Police Activity League does not provide medical staff at Nassau County Police Activity sponsored events and in the event an emergency occurs medical services and/or transportation will only be provided through the community's emergency medical system

_____ _____
DATE SIGNATURE OF PARENT/GUARDIAN

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PAL USE ONLY !!!!!! DO NOT WRITE BELOW

Paid by (check one) Cash _____Check # _____ Check Amount $ _____

Application Approved By _____ Fee Amount $ _____

Copy Made_____Date_____ Entered in Computer _____ Date _____