NASSAU COUNTY POLICE ACTIVITY LEAGUE INC.
BALDWIN UNIT REGISTRATION FORM

PLEASE FILL OUT SEPARATE APPLICATIONS FOR EACH CHILD AND EACH SPORT

SPORT CHILD REGISTERING FOR (ONE PER FORM) _____

NAME (print clearly) _____ _____
first last

ADDRESS_____**TOWN, ZIP**_____

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

CONTACT PH# _____**ALT. PH #**_____

E-MAIL_____

SCHOOL _____**GRADE**_____**BIRTH DATE** _____**AGE** ___ **SEX**___

CAN PARENT ASSIST: COACH (name)_____**ASSISTANT COACH** (name)_____

HAVE YOU PLAYED BALDWIN PAL BEFORE?_____ **ANY MEDICAL PROBLEMS?**_____

SEE BACK OF ENCLOSED VOLUNTEER FORM FOR INFO, HELP & EXTRA SAVINGS

PRINT (LEGIBLY) FULL NAME OF PARENT OR GUARDIAN_____

$20.00 RETURNED CHECK FEE. ***REFUNDS WILL NOT BE ISSUED AFTER PROGRAMS START***

REQUEST TO BE WITH SPECIFIC TEAM, COACH, OR FRIENDS WILL NOT BE HONORED

CONSENT OF PARENT OR GUARDIAN

I, THE UNDERSIGNED, being the parent or guardian of _____ **do hereby grant permission**
NAME OF CHILD

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

I hereby give the Nassau County Police Activity League and its affiliated unit's permission to use my child's name, likeness, image, voice and or appearance as such may be embodies in any pictures photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of the NCPAL programs and activities. I agree that the Nassau County Police Activity League programs have ownership of such pictures, etc., including the entire copyright, and may use them for any purpose consistent with the NCPAL's mission. These uses include but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproduction, publications advertisements and any promotional materials in any medium now known or developed including the internet. I acknowledge that I will not receive any compensation, etc. For the use of such pictures, etc., and hereby release the Nassau County Police Activity League and its affiliated units from any and all claims which arise out of or are in any way connected with such use. I give my consent to the NCPAL to use my child's name and likeness to promote the NCPAL program it affiliated units, and / or their activities.

_____ _____
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** _____

Rev "k": 7/1515