

Program _____ Year _____

PDCS-2252a 53-0465. 02/03cg



NAME _____

ADDRESS _____

TOWN _____ ZIP _____

PHONE _____ DOB _____ AGE _____ M / F

NEW PLAYER _____ RETURNING PLAYER _____ GRADE _____

REGISTRATION AND INSURANCE FEES ARE NON-REFUNDABLE

I/We, the parents of the above named child, hereby give our consent for participation in the above activity and do claim that he/she is in perfect physical condition to participate in said activity.

Furthermore, I/we, the parent(s) of the above named candidate for a position on a league team hereby give my/our approval to his/her participation in all league activities during the current season. I/we assume all risks and hazards incidental to such participation including transportation to and from the activities; and I/we do hereby waive, release, absolve, indemnify and agree to hold harmless the Police Athletic League, Inc., associated organizations, the organizers, sponsors, supervisors, participants and persons transporting my/our child to or from activities, for any claim arising out of an injury to my/our child, except to the extent and in the amount covered by accident or liability insurance.

I/We, agree to return within 7 days or sooner, after notification, the uniform and other equipment issued to my/our child in as good condition as when received except normal wear and tear or pay equivalent cost.

The Suffolk County Police Athletic League has adopted a zero tolerance policy for violence. This includes physical acts of violence, threats of violence or threatening behavior. A violation committed by any participant (player, coach, referee), parent, or fan, will result in immediate expulsion from the league and a fine to the organization from which he or she belongs.

Parent(s)/Guardian Signature _____ Date _____