

**Tilton Road Youth Center  
Tutoring/Homework PAL's**

Participants Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Street \_\_\_\_\_ E-mail \_\_\_\_\_ Grade \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone# \_\_\_\_\_

I, \_\_\_\_\_, the parent/guardian  
of \_\_\_\_\_

hereby give my approval for my son/daughter to participate in the above indicated activity. I assume all risks and hazards incidental to such participation, including transportation to and from the activity and I do hereby waive, release, absolve, indemnify and agree to hold harmless the Egg Harbor Township Police Department, the Egg Harbor Township Police Athletic League, its organizers, sponsors, supervisors, participants and persons transporting my child to or from activities, for and claims arising out of any injury to my child, whether the result of negligence or for any other cause.

It is further understood that my signing of this registration form indicates that I have read this registration form and understand and fully agree with the statements made.

**Any medical conditions:** \_\_\_\_\_

**Any allergies to medications:** \_\_\_\_\_

**Medications taken on regular basis:** \_\_\_\_\_

\_\_\_\_\_  
Parent's Name (Please Print) Parent's Signature Date

\_\_\_\_\_  
Participant's Name (Please Print) Participant's Signature Date

Emergency Phone Numbers

1.)Name/No./Relationship \_\_\_\_\_ 2.)Name/No./Relationship \_\_\_\_\_

The Egg Harbor Township Police Athletic League supplies a secondary medical insurance to its registered participants. Please list primary medical insurance company.

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Check Number/Cash \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_ Received By: \_\_\_\_\_

**Attention Check Writer:** For your convenience, if your check is dishonored or returned for NSF, this merchant will electronically debit your account for the amount of the check plus a processing state (NJ) fee of \$30.00.

Complete, make check payable and mail to EHT-PAL, 2594 Tilton Road, Egg Harbor Twp., NJ 08234