

# Egg Harbor Township Police Athletic League

## Registration Form

Please check one \_\_\_ New Member \_\_\_ Diversion Member \_\_\_ Returning Member ID# \_\_\_\_\_

Program Being Registered For: \_\_\_\_\_ Cost: \_\_\_\_\_ T-Shirt \_\_\_\_\_

### Youth Member Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ D. O. B. \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

School: \_\_\_\_\_ Age \_\_\_\_\_ Grade: \_\_\_\_\_ Medications/Medical Problems/Allergies: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

### Parent/Guardian Information

(Mother) (Father) (Guardian) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
(circle one)

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_ @ \_\_\_\_\_

I want to be a volunteer for the Egg Harbor Township PAL and give permission to them to conduct a criminal investigation as it relates to my position as a volunteer.

Signature \_\_\_\_\_ I would like volunteer and help by: \_\_\_\_\_

I, the parent/guardian of the above listed child, 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, and for any and all 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 form, have explained it to my child and I understand and fully agree with the statements made.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Attention Check Writer:** For your convenience, if your check is dishonored or returned for NSF, we will electronically debit your account for the amount of the check plus a processing fee of \$30. Make check payable and mail to EHT-PAL, 2594 Tilton Road, Egg Harbor Twp., and NJ 08234.

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