

PAL REGISTRATION FORM

PROGRAM: (Sport and Age) _____

CHILDS NAME _____

PARENTS NAME(S) _____

HOME PHONE # _____ CELL PHONE _____

EMAIL ADDRESS _____

ADDRESS _____

DATE of BIRTH _____

GRADE/SCHOOL _____

EMERGENCY CONTACT & NUMBER:

I give my child permission to participate in an activity sponsored by the Port Washington PAL. I hereby acknowledge that my child is physically able to participate in this program. I will not hold the Port Washington PAL responsible for any incident or injury that may occur while participating with the Port Washington PAL. I consent to any emergency medical treatment of my son/daughter and hereby assume responsibility for payment for such treatment.

Parent or Guardian Signature

Date

Register by mailing to PAL – 325 MAIN STREET PORT WASHINGTON NY 11050, or on-line at www.pwpal.org

SCHOLARSHIPS AVAILABLE IF NEEDED, PLEASE SPEAK TO US PRIVATELY. INSTALLMENT PAYMENT PLANS AVAILABLE. VOLUNTEER PARENT PARTICIPATION ALWAYS WELCOME UNDER THE DIRECTION AND SUPERVISION OF OUR COACHING STAFF.

<p>I want to volunteer as an Assistant Coach for the following sport _____;</p> <p>I want to volunteer as an administrator for following sport _____;</p>

Note that schedules may change slightly due to registration fluctuations, please register early.

<p>Optional Additional Donation: PAL is a 501(c)3 NOT-FOR-PROFIT organization and receives no tax payer assistance for its programs. Please consider a tax deductible donation of any amount along with your registration. Donation Enclosed \$ _____</p>
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FULL DESCRIPTION OF ALL PROGRAMS AT WWW.PWPAL.ORG