



# Bridgeport Police Activities League (P.A.L.)

2 Quarry Road Trumbull, CT 06611

203-576-7604

## Basketball Program Application & Release Form



First Name \_\_\_\_\_ Last \_\_\_\_\_ Gender \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Shirt Size \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Parent/Guardian E-Mail Address \_\_\_\_\_

If parent cannot be reached, name and relationship of person to be called in case of an emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Does your child have any medical conditions? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have asthma or allergies? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please describe: \_\_\_\_\_

**Parent/Guardian Permission:** I hereby give permission for my child to participate in all activities that are part of the program. I understand there are risks associated with sports activities and programs in which my child is a participant. I hold Bridgeport P.A.L., its employees, representatives, agents and assigns from any and all claims whatsoever against said parties resulting from or caused by my child's participation. I grant permission for any pictures taken of my child while at the basketball program to be used for publicity and promotional purposes.

**Authorization for Medical Attention:** I give permission for Bridgeport P.A.L. to obtain treatment for my child, if needed. I understand that any expenses incurred, through transportation and the treatment of my child, are my responsibility.

**Guardian Authorization:** To ensure the well-being of all youth attending our program and to help you with picking up your child, please include every person that could assume the custody of your child for any unforeseen circumstances. Bridgeport P.A.L. will require a photo I.D. to release any child to an authorized pick up person listed on this form. I authorize Bridgeport P.A.L. to release my child to the custody of the following people other than myself:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Bridgeport P.A.L. allows either parent to pick up their child unless you provide us with a copy of a court order to the contrary. Please list below **any persons not authorized** to pick up your child and attach a copy of the court order.

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

I understand that Bridgeport P.A.L. is a charitable organization that makes its programs and facilities available to persons only on the condition that they agree to assume full responsibility for injury and damage. Therefore in exchange for acceptance of the youth in Bridgeport P.A.L. programs, I release, on behalf of the youth, myself and members of my the youth's family, Bridgeport P.A.L., and officers, directors, employees and volunteers from all claims of damage or loss to the youth's property and claims of personal injury or property damage caused to others by the youth, including injury or damage to Bridgeport P.A.L. property or personnel.

I understand that a registration fee and a copy of youth's birth certificate is required.

I understand that masks are required for participants and attendees for all Basketball sessions.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_