Brick Township Police Athletic League

Athletic Program Registration Form

Po Box 4095
60 Drum Point Road
Brick, NJ 08723
732-477-0144

ADULT APPLICATION
(18 Years of Age and Older)

☐ Boxing ☐ Martial Arts ☐ Judo ☐ Fitness

Adult's Information

Name:		***Cell Phone #:***
Street Address:		
City/State/Zip		***Home Phone #:***
Date of Birth	***Sex:*** ☐ ***Male*** ☐ ***Female***	
E-mail Address:		

EMERGENCY CONTACT INFORMATION (Must Be 18 Years-Of-Age Or Older)

Contact Name				***Relationship***
1)				
Telephone --	***Home#***	***Cell/Beeper#***	***Work #***	
2)				
Telephone --	***Home#***	***Cell/Beeper#***	***Work #***	
3)				
Telephone --	***Home#***	***Cell/Beeper#***	***Work #***	

Physician Information

Physician Name:	***Phone #***
Address:	

Insurance Information

Insurance Carrier:		
Address:		
ID #	***Policy #***	***Group #***

Any Additional Information You Feel is Necessary

Participant Authorization

1) Please enroll me for the program indicated on the front of this application. I understand I will remain in the program for period reserved.
2) I authorize Brick PAL to utilize my pictures in their advertisements.
3) I authorize the Director or Director's designee of the above PAL Youth Center to obtain emergency treatment for me. I further consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon.
4) I also recognize and understand that the use of any equipment and/or my participation in any activity sponsored by the Brick Township Police Athletic League will be done at my own risk, knowing that the use of said equipment and/or participation in said activities may subject me to physical injury serious or otherwise. As such, I will not hold the Brick PAL, its members, coaching staff/volunteers and directors responsible for any accident or injury that may befall me in the use of said equipment and/or the participation in said activities. Furthermore, I will provide the Brick PAL with a medical certification form from my doctor attesting to my physical ability to participate in certain activities requiring notification.
5) By affixing my signature below, I agree and fully comprehend that I am responsible for all payments incurred with regard to this program.

_____ _____

Signature of Participant **Date**