



Brick Township Police Athletic League Program Registration Form

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

(Under the age of 18)

- Martial Arts
 Judo
 Toddler Time
 Boxing
 Youth Forum (YLP)
 Science on Patrol
 All Day Care
 Zumba

Child's Information

Child's Name:		
Child's Street Address:		
City/State/Zip		Child's Home Phone:
Date of Birth	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade:

PARENT/GUARDIAN INFORMATION

PLEASE CIRCLE - YES OR NO

<i>Parent/Guardian Name</i>	<i>Relationship</i>	<i>Emergency Contact</i>	<i>Authorized Pick-Up</i>	<i>Lives with Child</i>
1)		Yes No	Yes No	Yes No
<i>Telephone -- Home#</i>		<i>Cell/Beeper#</i>		<i>Work #</i>
2)		Yes No	Yes No	Yes No
<i>Telephone -- Home#</i>		<i>Cell/Beeper#</i>		<i>Work #</i>

Add'l Emergency Contact & Pick-up Information MUST BE 18 YEARS-OF-AGE OR OLDER

PLEASE CIRCLE - YES OR NO				
<i>Contact Name</i>	<i>Relationship to Child</i>	<i>Emergency Contact</i>	<i>Authorized Pick-Up</i>	
3)		Yes No	Yes No	
<i>Telephone -- Home#</i>		<i>Cell/Beeper#</i>		<i>Work #</i>
4)		Yes No	Yes No	
<i>Telephone -- Home#</i>		<i>Cell/Beeper#</i>		<i>Work #</i>
5)		Yes No	Yes No	
<i>Telephone -- Home#</i>		<i>Cell/Beeper#</i>		<i>Work #</i>

STATE ANY PICK-UP RESTRICTIONS (Copies of Restraining/Court Orders MUST be on file at PAL):

Continued....



Brick PAL Program Registration

Physician Information

<i>Physician Name:</i>	<i>Phone #</i>
<i>Address:</i>	

Insurance Information

<i>Insurance Carrier:</i>		
<i>Address:</i>		
<i>ID #</i>	<i>Policy #</i>	<i>Group #</i>

Any Additional Information You Feel is Necessary

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Parent/Guardian Authorization

<p>1) Please enroll my child for the program indicated on the front of this application. I understand my child will remain in the program for period reserved for him/her.</p> <p>2) I authorize Brick PAL to utilize pictures of my child in their advertisements.</p> <p>3) I state that we are the parent/guardians having legal custody of the above child and attest that the information above is correct.</p> <p>4) I authorize the Director or Director's designee of the above PAL Youth Center to obtain emergency treatment for my child. I further consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon.</p> <p>5) 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, it's 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.</p> <p>6) By affixing my signature below, I agree and fully comprehend that I am responsible for all payments incurred with regard to this program.</p>	

Signature of Parent/Guardian	Date

Signature of Parent/Guardian	Date