MEMBERSHIP APPLICATION • NASSAU COUNTY POLICE ACTIVITY LEAGUE PLEASE PRINT • COMPLETE ENTIRE FORM

Unit	Activity						
[] Male [] Female	Date of Birt	h MONTH	DAY	YEAR			CTIVITY
NameLast	First			Tel			
Residence	(Street)		-	(Town)			(Zip)
School Attended	(Street)			(Town)	Grade	Age	(Zip)
E-Mail Address							
I will encourage good spo I will attend every practic I will do my best to listen I will treat my coaches, o I deserve to have fun dur I will encourage my pare I will do my best in schoo I will remember that my	the and game that I can all and learn from coaches ther players, officials and ing my P.A.L. experience to be involved with roll. participation in P.A.L. is	low participants and will notify my and d fans with response and I will tell r any activity in sor an opportunity t	at every gar coaches if ect regardle my parents one capacity	If cannot. ss of race, sex, cre or coaches if it stop because it is impo	demonstrating ed or abilities a os being fun.		
Participant's Signature: _		·			-		
		CONSENT	OF PARE	ENT OR GUARDI	<u>IAN</u>		
· ·							da hamabri
I, THE UNDERSIGNED, b	eing the parent or guard	ian of		(Name of	Participant)		do hereby
from responsibility the said of Nassau, for any injury, lo Furthermore, I understand the and in the event an emerger	oss of life or other loss on the Nassau County Police	r damage as a re Activity League	sult of parti does not p	cipation in any act rovide medical staf	ivity of the Nat f at Nassau Co	ssau County Police unty Police Activity	Activity League. League sponsored ev
(Date)				Signature of Paren	t/Guardian)		
I will encourage good speeventI will place the emotionaI will insist that my childI will require that my chiI will support coaches anI will demand a sports enI will remember that theI will do my best to makeI will ask my child to treat	l and physical well being play in a safe and healt; ld's coach be trained in a d officials working with vironment for my child game is for youth, not for by youth sports fun for my at other players, coaches	g of my child and the responsibilition my child, in ord that is free from or adults. y child, , fans, and offici	apport for a ead of a per es of being er to encou drugs, toba	sonal desire to win a youth sports coa- rage a positive and acco, and alcohol, a spect regardless of	ch and that the enjoyable exp and will refrain	coach upholds the erience for all. from their use at a	Coaches' Code of Eth
Parent (s) Signature (s):_	<u>.</u>						
Has child participated in the Height Parental support is necessar Father's Name	Weight y for this activity to be	a success.	No [] Mother's	Position	Played		
Please check one of the foll	owing:						
Coach or Manager Asst. Coach	[]	Field Maint. Equip. Maint		Secretari Make Ph	ial ione Calls		
Asst. Coach League Administrator		Team Parent	LJ	Fund Ra		[]	
Referee/Umpire	Ö	Time Keeper		Transpor	rtation	Ū	
Additional Inform.			Do not w	rite below			
						. D. 11	
Reg. Fee:	U	nitorm Deposit:			Arr	nount Paid:	
Date Uniform Returned							
Was Anything Missing?							
Collected By:							