

# **TEWKSBURY POLICE ATHLETIC LEAGUE**

## **2014 PAL Basketball Spring League Registration Form**

**(Please Use One Form Per Player)**

Player Information

Parent / Guardian Information

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

Primary Email: \_\_\_\_\_

Address: \_\_\_\_\_

Father Name: \_\_\_\_\_

Tewksbury, MA 01876

Home Phone: \_\_\_\_\_

Birth date: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Gender: \_\_\_\_\_

Mother Name: \_\_\_\_\_

Current Grade: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Shirt Size: \_\_\_\_\_  
(adult size: small, medium, large, X-large)

Cell Phone: \_\_\_\_\_

Basketball Experience: \_\_\_\_\_

Physical Restrictions: (if yes please explain)

\_\_\_\_\_

**Tewksbury Police Athletic League / 2011 PAL Basketball Spring League**

*(Grades: 5 – 8) Fee: \$30 Additional Family Member: \$15 Family Max: \$60*

**Please bring completed registration form and check to the Tewksbury Police station.**

**Make check payable to: Tewksbury PAL**

### **Parent / Guardian Release**

I, the undersigned parent/guardian, wish to register the child indicated above in the TEWKSBURY POLICE ATHLETIC LEAGUE Organization. I give my permission for the coaches to administer first aid and to authorize emergency treatment by a doctor, if necessary. I am aware of the risk of injury inherent in any sport and hereby release TEWKSBURY POLICE ATHLETIC LEAGUE and its coaches, and other associated personnel from any claims. The registrant child is medically fit to play sports. I also certify that the date of birth and other information given above is true to the best of my knowledge. Also, I will allow my child's pictures to be sent to the local newspapers and the PAL website.

Signature of guardian: \_\_\_\_\_ Date: \_\_\_\_\_

LEAGUE USE ONLY

Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_ Team: \_\_\_\_\_