

PAL Basketball

Find us on Facebook: Torrington PAL
www.torringtonpd.org PLAYER INFORMATION

Player info

First Name: _____ Last: _____ Address: _____

Birthdate: _____ Sex: (circle) M / F Grade _____ Parents EMAIL _____

FAMILY INFORMATION Player lives with: Father Mother Both Other _____

ETHNICITY and INCOME DISCLOSURE

The information solicited is collected for the sole purpose of providing data to be used for grant applications. Disclosing this information is **voluntary**, however providing this information enables us to continue to make efforts to keep registration fees reasonable and to fund community based programs.

Ethnicity (check one): Black Asian Hispanic Native American White _____

Household income under \$20,000 \$20,000-\$30,000 \$30,000-\$40,000 \$40,000-\$50,000 \$50,000 and over

PARENT INFORMATION

First Name: _____ LastName: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number(s): Home: _____ Work: _____ Cell: _____

MEDICAL/ EMERGENCY INFORMATION

In the event parents cannot be reached, please contact:

Name: _____ Relationship to Child: _____

Telephone Number(s): Home: _____ Work: _____ Cell: _____

Player's Doctor and Phone # _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As a parent or legal guardian of the above named player, I hereby give my consent for emergency medical care as prescribed by a duly licensed Doctor of Medicine or Dentist. This care may be given under whatever conditions necessary to preserve a life, limb or well being of the dependent.

Signature of Parent/Guardian _____ Date _____

Signatures below are necessary or player will not be allowed to register with Torrington PAL Basketball.

I hereby release, discharge and/or otherwise indemnify the Police Activity's League Inc, associated personnel including the owners of the facilities for the Program, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Program.

Parent/Guardian Signature and Date: _____

SPONSORSHIP OPPORTUNITY

If you would like to sponsor an in-house team, please attach a company business card to this application. The cost is \$100 per team.

VOLUNTEER OPPORTUNITIES

I would like to be a: _____ Coach _____ Asst. Coach _____ Team Parent

Name and Phone Number: _____

REGISTRATION DEADLINE IS NOVEMBER 11, 2013

PAYMENT : The cost for the basketball program is \$65, for the 10 week program. Fill out entire registration form MAKE CHECKS PAYABLE TO "TORRINGTON PAL" and mail to or drop off at : TORRINGTON PAL, c/o TPD, 576 Main Street, Torrington, CT 06790

El costo del programa es de \$65.00 y tenemos becas disponibles por favor de llamar al 860-489-2014.

Please note that financial assistance is available. Please attach a letter to this form requesting assistance and Officer Pietrafesa will contact you to confidentially discuss eligibility requirements. Our goal is to make PAL available to all interested players. Any questions should be directed to Officer Pietrafesa at 489-2014.