

Travel PAL Basketball form

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

Child's Name: _____ Last: _____ Address: _____

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

Residence _____
(Street) (Town)

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: _____ Last _____

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

MEDICAL/ EMERGENCY INFORMATION

Player's Doctor and Phone # _____

Insurance company _____ Policy # _____

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

I, THE UNDERSIGNED, being the parent or guardian of _____ do hereby
(Name of Participant)

grant permission for his/her participation in all activities, athletic or otherwise, sponsored by TORRINGTON POLICE ACTIVITIES LEAGUE, and release from responsibility the said corporation, its coaches, volunteers, employees, agents, officers, directors, the Torrington Police Department and the City Of Torrington, for any loss of life or other loss or damage as a result of participation in any activity of the Torrington Police Activities League Inc. Furthermore, I understand the Torrington Police Activities League does not provide medical staff at Torrington Police Activities league sponsored events and in the event an emergency occurs, medical services and or transportation will only be provided through the community emergency medical system.

Parent/Guardian Signature and Date: _____

Media release

I understand that during the Torrington PAL program photograph or the photograph of my child may be taken by Torrington PAL producers, sponsors or organizer. I agree that my photograph and/or the photograph of my child, including video photography may be used without charge by Torrington PAL, sponsors, organizers and/or its assigns for such purposes as they deem appropriate

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.

The travel program runs from November to Late February. Teams will Participate in the Fairfield County Basketball League, The Rt 44 basketball league, and the Northwest basketball league. The cost of the program is \$165.00