



**Scotch Plains-Fanwood**  
**P.A.L. FOOTBALL**  
 P.O. BOX 215, SCOTCH PLAINS, NJ 07076



PAL FOOTBALL IS OPEN TO RESIDENTS OF SCOTCH PLAINS AND FANWOOD IN GRADES K THROUGH 8 DURING THE "2010" SCHOOL YEAR.

**SIGN-UPS ARE MAY 22<sup>TH</sup> AND JUNE 5<sup>TH</sup> FROM 9 A.M. TO 12 NOON AT SCOTCH PLAINS POLICE DEPARTMENT.**

**REGISTRATION FORM**

NAME \_\_\_\_\_ FAMILY E-MAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL #'S \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

- CHECK ONE PLEASE:**  FLAG K-3rd GRADE \_\_\_\_\_ \$ 75.00  
 (IN-HOUSE) 3rd GRADE CONTACT \$ 90.00 \_\_\_\_\_  
 (TRAVEL) 4th-8th GRADE \_\_\_\_\_ \$140.00 (NON-REFUNDABLE)  
 MORE THAN (2) KIDS IN CONTACT PAY FOR ONLY (2)

DATE OF BIRTH: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ GRADE :( SEPT.'2010') \_\_\_\_\_ SCHOOL: \_\_\_\_\_

DID APPLICANT PLAY IN 2009?  YES  NO IF YES, WHICH TEAM A  B  C  D  E  3RD CONTACT  
 FLAG

IF ANY OF THE FOLLOWING QUESTIONS APPLY, PLEASE PROVIDE DETAILS ON THE BACK OF THIS FORM:  
 SPF-PAL RECOMMENDS EACH CONTACT FOOTBALL PLAYER TO HAVE A COMPLETE PHYSICAL WITHIN 6 MONTHS OF THE START OF SEASON.  (PARENTS INTIALS \_\_\_\_\_)

DOES THE APPLICANT HAVE ANY PHYSICAL OR OTHER IMPAIRMENT(S)?  YES  NO  
 DOES THE APPLICANT USE ANY MEDICATION?  YES  NO

PERSONAL HEALTH/ACCIDENT INSURANCE CARRIER: \_\_\_\_\_ PEDIATRICIAN: \_\_\_\_\_

**TO BE COMPLETED BY PARENT OR GUARDIAN:**

**THE SUCCESS OF OUR PROGRAM DEPENDS ENTIRELY ON VOLUNTEER ASSISTANCE.**

**PARENTS PLEASE INDICATE AREAS IN WHICH YOU CAN HELP:**

- COACHING  FUND RAISING  CONCESSION STAND  FIELD MARKERS  P.A. ANNOUNCER

THE APPLICANT NAMED ABOVE HAS MY PERMISSION TO PARTICIPATE IN THE SCOTCH PLAINS-FANWOOD P.A.L. FOOTBALL PROGRAM. IN CASE OF INJURY TO THE ABOVE NAMED APPLICANT, I WILL NOT HOLD THE POLICE ATHLETIC LEAGUE OF SCOTCH PLAINS INC. NOR ITS OFFICERS, DIRECTORS, COACHES OR OTHER VOLUNTEERS RESPONSIBLE. I UNDERSTAND THAT IN THE COURSE OF PARTICIPATION IN THIS PROGRAM PHOTOGRAPHS OF PROGRAM SPONSORED ACTIVITIES THAT INCLUDE APPLICANT MAY BE POSTED ON OUR PROGRAM WEBSITE: [WWW.SPFPAL.COM](http://WWW.SPFPAL.COM)

NAMES OF PARENT/GUARDIAN \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

**"COPS FOR KIDS"**

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