

Scotch Plains - Fanwood



P. A. L. CHEERLEADING

PAL CHEERLEADING IS OPEN TO RESIDENTS OF SCOTCH PLAINS AND FANWOOD IN GRADES 4 THROUGH 8 DURING THE '11/'12 SCHOOL YEAR. MASCOT POSITIONS FOR YOUNGER CHILDREN ARE AVAILABLE, PLEASE READ BELOW***

NON-REFUNDABLE** REGISTRATION FEE IS \$75.00 PAYABLE TO SCOTCH PLAINS P.A.L. IN PERSON SIGN-UP WILL BE HELD ON MAY 21 AND JUNE 4 FROM 9AM -12 NOON AT THE SCOTCH PLAINS POLICE DEPARTMENT. APPLICATIONS WILL BE ACCEPTED AT THE SCOTCH PLAINS POLICE DEPARTMENT AFTER JUNE 4 AND ARE DUE NO LATER THAN **WEDNESDAY, JUNE 15, 2011**. NO EXCEPTIONS, EVEN IF THE CHILD HAS CHEERED ON A SQUAD IN THE PAST. THERE ARE LIMITED SPOTS AVAILABLE ON EACH SQUAD, WHICH ARE PROVIDED ON A "FIRST COME, FIRST SERVED" BASIS!

REGISTRATION FORM

NAME HOME PHONE #

PARENT WORK # PARENT CELL #

ADDRESS FAMILY E-MAIL

TOWN DATE OF BIRTH

GRADE (SEPT.11) SCHOOL (SEPT. 2011)

DID APPLICANT CHEER IN 2010? YES NO IF YES, WHICH TEAM? A(8th) B(7th) C(6th) D(5th) E(4th) or MASCOT FOR TEAM *** (MASCOT POSITIONS ARE INITIALLY ONLY AVAILABLE AT THE DISCRETION OF THE DIRECTOR TO SIBLINGS OF CHILDREN CURRENTLY REGISTERED WITH THE P.A.L., ONA FIRST COME FIRST SERVED BASIS. IF THERE ARE SPOTS REMAINING THEY WILL BE FILLED AT THE DISCRETION OF THE DIRECTOR. ** THE REGISTRATION FEE WILL BE REFUNDED IF A MASCOT IS NOT PROVIDED A SPOT ON A TEAM.)

IF ANY OF THE FOLLOWING QUESTIONS APPLY, PLEASE PROVIDE DETAILS ON THE BACK OF THIS FORM:

DOES THE APPLICANT HAVE ANY PHYSICAL OR OTHER IMPAIRMENTS YES NO

DOES THE APPLICANT USE ANY MEDICATION YES NO

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: TEAM PARENT

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

THE APPLICANT NAMED ABOVE HAS MY PERMISSION TO PARTICIPATE IN THE SCOTCH PLAINS 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 IT'S 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 THAT APPLICANT MAY BE POSTED ON OUR PROGRAM WEBSITE OR IN MEDIA PUBLICATIONS.

WWW.SPFPAL.COM . NAMES OF PARENT/GUARDIAN

SIGNATURE OF PARENT/GUARDIAN _____

DATE

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