



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 '09/10' SCHOOL YEAR.

SIGN-UPS ARE JUNE 6TH AND JUNE 13TH FROM 9 A.M. TO 12 NOON AT SCOTCH PLAINS POLICE DEPARTMENT.

REGISTRATION FORM

NAME _____ HOME PHONE # (____) _____

ADDRESS _____ PARENT WORK # (____) _____

TOWN _____ FAMILY E-MAIL _____

- CHECK ONE PLEASE:** FLAG K-3rd GRADE \$ 70.00
 (IN-HOUSE) 3rd GRADE CONTACT \$ 90.00
 (TRAVEL) 4th-8th GRADE \$135.00 (NON-REFUNDABLE)
 MORE THAN (2) KIDS IN CONTACT PAY FOR ONLY (2)

DATE OF BIRTH _____ WEIGHT _____

GRADE (SEPT. '09) _____ SCHOOL (SEPT. 2009) _____

DID APPLICANT PLAY IN 2008? 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:

- DOES THE APPLICANT HAVE ANY PHYSICAL OR OTHER IMPAIRMENT(S)? 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:

- 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

NAMES OF PARENT/GUARDIAN _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____