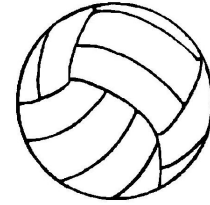




Scotch Plains-Fanwood
P.A.L. VOLLEYBALL
P.O. BOX 215, SCOTCH PLAINS, NJ 07076



P.A.L. VOLLEYBALL IS OPEN TO RESIDENTS OF SCOTCH PLAINS AND FANWOOD IN GRADES 6 THROUGH 8 DURING THE "2010-2011" SCHOOL YEAR.

NON-REFUNDABLE REGISTRATION FEE IS 75.00 PAYABLE TO SCOTCH PLAINS P.A.L.**

REGISTRATION FORM

NAME _____ FAMILY E-MAIL _____

ADDRESS _____ TOWN _____

HOME PHONE: _____ CELL #'S _____ WORK PHONE: _____

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

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 TEAM PARENT

THE APPLICANT NAMED ABOVE HAS MY PERMISSION TO PARTICIPATE IN THE SCOTCH PLAINS-FANWOOD P.A.L. VOLLEYBALL 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 _____

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