



**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 "2012" SCHOOL YEAR.

**SIGN-UPS WILL BE MAY 19 AND JUNE 2 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 \_\_\_\_\_ \$150.00 (NON-REFUNDABLE)  
 MORE THAN (2) KIDS IN CONTACT PAY FOR ONLY (2)

DATE OF BIRTH: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ GRADE :( SEPT.'2012') \_\_\_\_\_ SCHOOL: \_\_\_\_\_

DID APPLICANT PLAY IN 2011?  YES  NO IF YES, WHICH TEAM 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 INITIALS \_\_\_\_\_)

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:**

- FUND RAISING  CONCESSION STAND  FIELD MARKERS  FLAG COACH

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 THESE 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 \_\_\_\_\_