



Torrington PAL Registration Form

Player Information:

Last Name: _____ First Name: _____

Birthday: ____/____/____ Sex: (circle) M / F

Address: _____

Phone number: (____) ____ - ____ Email Address: _____

Name of School _____ & Grade _____

Parent Name: _____ Phone if different than child
(____) ____ - ____

Player lives with: Both parents ____ Father ____ Mother ____ Other ____

Medical/Emergency Information

List all medical problems or prohibition player has

If you are unable to contact me, please notify

Relationship to child _____ Telephone

Doctor to notify in emergency _____ Telephone _____

Consent for Medical Treatment (Minor)

As a parent or legal guardian of the above named player, I hereby give consent for emergency medical care as prescribed by a duly licensed Doctor of Medicine or Dentist. This care may be given under whatever conditions necessary to preserve the life, limb or well being of the dependent.

Signature of Parent / Guardian _____

Date _____

Volunteer Opportunities:

I would like to be a ____ Coach ____ Asst. Coach ____ Team Parent ____ Phone Calls

Name and Phone number _____

Signatures are necessary or player will not be allowed to register with Torrington PAL.

I hereby release, discharge and/or otherwise indemnify the Police Athletic League, associated personnel including the owners of the facilities for the Program, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Program.

Parent Signature and Date:

Guardian Signature and Date (if applicable): _____