



Wilson Police Athletic League 2017 Membership / Registration Form

Participant's Name		
Street Address		
City	Zip Code	
School	Grade (as of January 1)	Date of Birth
Home Phone		
Parent's/Guardian's Name <i>(Please print.)</i>	E-mail address <i>(Please print.)</i>	
Parent's/Guardian's Work Phone	Parent's/Guardian's Cell Phone	
Grandparent's Name <i>(Please print.)</i>	E-mail address <i>(Please print.)</i>	
Grandparent's Work Phone	Grandparent's Cell Phone	
Alternate/Back Up Emergency Contact Name (and relationship)	Alternate/Back Up Emergency Contact Phone	
MEDICAL HISTORY		
Medical conditions currently under treatment		
Pre-existing injuries under treatment		
Fractures or other disability-type injuries		
Allergies (drug, food, asthma, etc.) <i>Note: If your child has asthma, please send his/her inhaler with him/her. Please make sure it is marked with his/her name. If he/she has allergies that require him/her to carry an Epi pen, please send that marked with his/her name.</i>		
Medications required or presently taking		



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Waiver and Consent for Medical Treatment

Name of Child

In consideration of its allowance of my child to participate in its program, I hereby release and waive the Wilson Police Athletic League, and its employees, agents, representatives, officers, directors, sponsors, and other organizations assisting PAL from any and all liability for any loss or injury sustained or incurred (including any loss or injury resulting from the representatives, officers, and directors) while my child participates in PAL's program, or while traveling to or from PAL's program. If I cannot be reached in the event of an emergency, I authorize any physician treating my child to perform any and all medical procedures which the physician determines to be medically appropriate under the circumstances.

Parent/Guardians's Name *(Please print.)*

Parent/Guardian's Signature

Date

Talent Release Agreement

I hereby assign and grant to the City of Wilson and the Wilson Police Department the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child by the City of Wilson and the Wilson Police Department, and I hereby release the City of Wilson and the Wilson Police Department from any and all liability from such use and publication. I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/ videotapes/electronic representations and/or sound recordings without limitation at the discretion of the City of Wilson and the Wilson Police Department, and I specifically waive any right to any compensation I may have for any of the foregoing.

Parent/Guardian's Signature

Date

Student-Athlete & Parent/Legal Custodian Concussion Statement*

We were given a copy of the *Student-Athlete & Parent/Legal Custodian Concussion Information Sheet*, and we have read and understand the information provided.

(If true, please check box.)

Parent/Legal Custodian Signature _____

*If there is anything on this sheet that you do not understand, please ask an adult to explain or read it to you.



Please print child's name here.

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	Please put a check mark in the left column beside each camp for which you wish to register your child.	Age Range	Date(s) [To be completed by PAL Staff]
	Baseball Camp	9 – 14	
	Cheerleading Camp	9 – 14	
	Culinary Camp	9 – 14	
	Dodgeball Event	9 – 14	
	Fall Basketball Camp	9 – 14	
	Field Hockey Camp (Girls Only)	9 – 14	
	Fish With a Cop	9 – 14	
	Football Camp	9 – 14	
	Forensics Camp	9 - 14	
	Golf Camp	9 - 14	
	Hiking Camp	10 – 14	
	Soccer Camp	9 – 14	
	Softball Camp	9 – 14	
	SWAT Ultimate Challenge Camp	12 – 18	
	Tennis Camp	7 – 18	
	Volleyball Camp	Middle School Girls	
	Winter Basketball Camp	9 – 14	
	Wrestling Camp	Ages 9 – 18 4 pm -8 pm Fri 8:30 am-4 pm Sat	
	Wrestling Program	Ages 9 – 18 M-T-Th 4:00 pm – 8:00 pm	
	Youth Police Academy	14 – High School	

Parent/Guardian's name (Please print.)	Parent/Guardian's Signature
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