



Find us on Facebook: Torrington PAL or on our website: www.torringtonpal.org



MEMBER INFORMATION

First Name: _____ Last: _____ Address: _____
Birthdate: _____ Sex: (circle) M / F Grade _____ **Parents EMAIL** _____
School: _____ Teacher: _____

FAMILY INFORMATION Member lives with: Father Mother Both Other _____

PARENTS:

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number(s): Work: _____ Cell: _____

MEDICAL/ EMERGENCY INFORMATION

In the event parents cannot be reached, please contact:

Name: _____ Relationship to Child: _____

Telephone Number(s): Home: _____ Work: _____ Cell: _____

Child's Doctor and Phone # _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As parent or legal guardian of the child/member, I hereby give my consent for emergency medical treatment as deemed necessary by staff, a coach, official, or emergency medical personnel. This care may be given under whatever conditions necessary to preserve a life, limb or well being of the child.

Signature of Parent/Guardian _____ Date _____

Signatures below are necessary or child will not be allowed to register with Torrington PAL Programs:

I understand participation in PAL programs are voluntary. I hereby release the Torrington Police Activities League Inc, and associated personnel including the owners of the facilities for the Program, against any claim or liability by or on behalf of the registrant as a result of the registrant's participation in the program. I understand and accept that there are codes of conduct that all participants and families must follow in order to participate. By signing this release, I also allow Torrington PAL to use all images and video of my child for program promotion without using my child's name.

Parent/Guardian Signature and Date: _____

Medical Conditions: May Participate except for _____

Medical information pertinent to routine care and emergencies:

Is this child taking medication: _____ **Please indicate the names of medication:** _____

REQUEST SCHOLARSHIPS OR FINANCIAL AID:

IF YOU CHOOSE TO REQUEST FINANCIAL AID, AN OFFICER OR STAFF MEMBER WILL CONTACT YOU ABOUT YOUR REQUEST. SCHOLARSHIPS ARE AVAILABLE TO ANY PLAYER WHO REQUESTS ONE.

ETHNICITY & INCOME DISCLOSURE:

This information is collected for the sole purpose of providing data and statistics for scholarships and funding for our programs. All of our programs are helped by grants from the United Way, state and local foundations. It is voluntary and by filling it out you help PAL provide students an opportunity to participate who would not otherwise have one. This information is blocked off from the form and kept anonymous and does not remain in your family's electronic file. Thank you for your providing this information.

Ethnicity (check one): Black Asian Hispanic Native American White _____