



2008



Please PRINT clearly and SUBMIT \$5.00 fee for a one-year PAL membership, which is valid between November 1<sup>st</sup>, 2007 to December 31<sup>st</sup>, 2008.

**CHILDREN'S INFORMATION**

Last Name #1: \_\_\_\_\_ First Name #1: \_\_\_\_\_ MI: \_\_\_\_\_  
Date of Birth #1: \_\_\_\_\_ Sex: M / F School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Last Name #2: \_\_\_\_\_ First Name #2: \_\_\_\_\_ MI: \_\_\_\_\_  
Date of Birth #2: \_\_\_\_\_ Sex: M / F School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Last Name #3: \_\_\_\_\_ First Name #3: \_\_\_\_\_ MI: \_\_\_\_\_  
Date of Birth #3: \_\_\_\_\_ Sex: M / F School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Last Name #4: \_\_\_\_\_ First Name #4: \_\_\_\_\_ MI: \_\_\_\_\_  
Date of Birth #4: \_\_\_\_\_ Sex: M / F School: \_\_\_\_\_ Grade: \_\_\_\_\_

**PARENT / GUARDIAN'S INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
**Child(ren)'s Address if different:** \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_  
Alternate Emergency Phone: (\_\_\_\_\_) \_\_\_\_\_ cellular / pager / other \_\_\_\_\_

**EMERGENCY INFORMATION**

List TWO additional people who can be contacted in the event of any emergency if the parent(s) cannot be reached.

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City, Zip: \_\_\_\_\_ City, Zip: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Alt. Phone: (\_\_\_\_\_) \_\_\_\_\_ Alt. Phone: (\_\_\_\_\_) \_\_\_\_\_

**PHYSICIAN INFORMATION**

Physician / Clinic: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Dentist: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Important Information: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

**ACTIVITY DISCLAIMER / PHOTO WAIVER**

In consideration of my child(ren)'s participation in the Euclid Police Athletic League (PAL), I hereby waive and relinquish any and all claims, demands and/or causes of action whatsoever. This includes any legal fees and/or related costs against the City of Euclid, its employees, or any Euclid PAL agent and/or volunteer(s) while at any PAL activity or while in transport. I hereby give my permission to the Euclid PAL to use the above name(s) and photo(s) of my child for the use in print, radio, and television ads for the purpose of marketing, publicity, and/or recruiting (members, volunteers, and supports) for Euclid PAL. This application also authorizes the Euclid Police Department / Euclid PAL to secure emergency transportation for your child if needed. This does not authorize or guarantee treatment upon arrival at the designated source of emergency service, as each facility sets their own treatment policies and procedures.

Parent / Guardian's **PRINTED** Name: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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*Please include a photo of your child within the block provided below.*

Child # 1	Child # 2	Child # 3	Child # 4
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