



Bridgeport Police Activities League (P.A.L.)

2 Quarry Road Trumbull, CT 06611

203-576-7604



Basketball Program Application & Release Form

First Name _____ Last _____ Gender _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Age _____ School _____ Shirt Size _____

Parent/Guardian Name _____

Home Address _____

Cell Phone # _____ Home Phone # _____

Work Phone # _____

Parent/Guardian E-Mail Address _____

If parent cannot be reached, name and relationship of person to be called in case of an emergency:

Name _____ Relationship _____

Cell Phone # _____ Home Phone # _____

Work Phone # _____

Does your child have any medical conditions? Yes _____ No _____

Does your child have asthma or allergies? Yes _____ No _____ if yes, please describe: _____

Parent/Guardian Permission: I hereby give permission for my child to participate in all activities that are part of the program. I understand there are risks associated with sports activities and programs in which my child is a participant. I hold Bridgeport P.A.L., its employees, representatives, agents and assigns from any and all claims whatsoever against said parties resulting from or caused by my child's participation. I grant permission for any pictures taken of my child while at the basketball program to be used for publicity and promotional purposes.

Authorization for Medical Attention: I give permission for Bridgeport P.A.L. to obtain treatment for my child, if needed. I understand that any expenses incurred, through transportation and the treatment of my child, are my responsibility.

Guardian Authorization: To ensure the well-being of all youth attending our program and to help you with picking up your child, please include every person that could assume the custody of your child for any unforeseen circumstances. Bridgeport P.A.L. will require a photo I.D. to release any child to an authorized pick up person listed on this form. I authorize Bridgeport P.A.L. to release my child to the custody of the following people other than myself:

Name: _____ Relationship: _____ Phone: _____

Bridgeport P.A.L. allows either parent to pick up their child unless you provide us with a copy of a court order to the contrary. Please list below any persons not authorized to pick up your child and attach a copy of the court order.

Name _____ Relationship: _____

I understand that Bridgeport P.A.L. is a charitable organization that makes its programs and facilities available to persons only on the condition that they agree to assume full responsibility for injury and damage. Therefore in exchange for acceptance of the youth in Bridgeport P.A.L. programs, I release, on behalf of the youth, myself and members of my the youth's family, Bridgeport P.A.L., and officers, directors, employees and volunteers from all claims of damage or loss to the youth's property and claims of personal injury or property damage caused to others by the youth, including injury or damage to Bridgeport P.A.L. property or personnel.

I understand that a registration fee and a copy of youth's birth certificate is required.

I understand that masks are required for participants and attendees for all Basketball sessions.

Signature of Parent/Guardian: _____ Date: _____