

JERSEY SHORE P.A.L. FALL 2014 REGISTRATION

Please use 1 form per child. Download additional registration forms online: www.jerseyshorepal.org

Parent/Guardian Name: _____	Address: _____
Phone: _____	City: _____ State: _____ Zip: _____
Home # _____ Cell # _____	Email Address: _____
Work # _____	
Child Name _____	DOB: ___/___/___ Age: ___ Grade: ___ <input type="checkbox"/> Boy <input type="checkbox"/> Girl
Please list any known medical issues, medication, and/or known allergies: _____	

CHECK ALL PROGRAMS AND AGE GROUPS YOU ARE REGISTERING FOR.

RECREATION SPORTS CAMP / \$125

7-12 YEARS OLD, 6:00-7:00, FRIDAYS

REQUIRED EQUIPMENT:

- ATHLETIC ATTIRE
- SNEAKS
- WATERBOTTLE

DISCOUNTS:

10% off sibling registration fee

PAYMENT INFORMATION: All balances MUST be paid in full at time of registration. NO REFUNDS WILL BE GIVEN.

Total Amount Due: \$ _____ Cash Check Credit Card: Visa MC DSCV AMEX

Card No. _____ Exp. Date: ___/___/___ Signature: _____

Please read carefully and sign the following Registration-Understanding/Waiver.

In consideration for being allowed to participate in any way in GOODSPO RTS USA/P.A.L. athletic/sports programs, and related events, I the undersigned voluntarily agree to assume full and complete responsibility for any injury or accident which may occur to the above named child during or in connection with GOODSPO RTS USA/P.A.L. or it's staff while they/I am on the premises of GOODSPO RTS USA/P.A.L. I acknowledge that at GOODSPO RTS USA/P.A.L., I/they will participate in activities that may involve, among other things, physical contact with persons or objects, including the ground, and may incur a risk of injury. I specifically waive, give up and release GOODSPO RTS USA/P.A.L. and its staff, from all liability for any claim for damages which I/the above named child may have relating to injuries or illness that I/they may sustain. In signing this waiver, I certify that I/the above child are in good health, with no chronic illness or abnormal tendencies. In the event of an emergency in which I/the above child requires medical care, I authorize GOODSPO RTS USA/P.A.L. to act for me and obtain whatever medical, surgical or dental examination, diagnosis and/or treatment is deemed necessary. GOODSPO RTS USA/P.A.L. is not responsible for my personal belongings which are lost, stolen, or damaged. I agree to have all fees paid in full before the first game. I further understand that I should be aware of my/the above named child's physical limitations and agree not to exceed them. I agree to review the rules and inspect the facilities and if I believe it is unsafe I will advise his or her coach and refuse to participate. GOODSPO RTS USA/P.A.L. reserves the right to cancel or change any scheduled events.

 SIGNATURE: _____ PRINT NAME: _____

PLEASE SEND FORM & PAYMENT TO: JERSEY SHORE PAL 2903 HWY. 138, WALL, NJ 07719