



PAL

MEMBERSHIP APPLICATION-POLICE ACTIVITY LEAGUE

Unit _____ Activity _____ Male _____ Female _____ Date of Birth _____
Name _____ School Attended _____ Grade _____ Tel _____
last first month day year
Residence _____
street town zip

Consent of Parent or Guardian

I, THE UNDERSIGNED, being the parent or guardian of _____ hereby grant permission for
name of member
his or her participation of all activities, athletic or otherwise sponsored by Nassau County Police Activity League, and release from responsibility said corporation and the Police Department County of Nassau, for any injuries sustained by him or her or expenses incurred there from while engaged in any activity of Nassau County Police Activity League.

Date

signature of parent or guardian

Shirt size (circle one YS YM YL AM AL AXL) Height _____ Age _____ Parent support is necessary for this activity to be a success. Please check the following.

Coach/Manager _____ Secretarial _____ Make Phone Calls _____ Fund Raiser _____ Parent/Team Volunteer _____ Trip Volunteer _____

Father's Name _____ Mother's Name _____ Emergency Phone No. _____
Transportation Yes _____ No _____

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