

NASSAU  
COUNTY



ROOSEVELT UNIT  
P.O. Gary Boulanger, Director

**POLICE ACTIVITY LEAGUE**

104 Nassau Rd, Roosevelt, NY 11575

Mailing Address: P.O. Box 162, Roosevelt, NY 11575  
Phone: 516-867-4182 Fax: 516-867-4980

**Medical Certificate**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Phone \_\_\_\_\_

This is to certify that \_\_\_\_\_ was completely examined on the below date, and may participate in all **SUMMER CAMP ACTIVITIES**, except as noted.

**Please circle:**

Allergies- Yes or No If Yes \_\_\_\_\_

Medications taken daily- Yes or No

\_\_\_\_\_

Physican's Sign

Date

**PHOTO RELEASE**

By enrollment in our program, permission is granted to use any photograph in connection with publicity for the Roosevelt P.A.L.

**PERMISSION RELEASE**

By enrollment in our program permission is given for my child to engage in all activities, except as noted by the examining physician and me. I grant permission for the **FIRST AID, RX, AND IN THE CASE OF EMERGENCY**, for the Administration of the camp to secure proper treatment for my child.

\_\_\_\_\_  
**Parent/Guardian Signature**

IT IS BETTER TO BUILD YOUTH THAN TO MEND ADULTS

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