



Howell Township Police Athletic League
BOOT CAMP SAT Preparation Course
Cost: \$300.00

Class is run by two instructors from
The Monmouth County Vocational School District Career Academies
Class Runs Monday Aug. 20, Wednesday Aug. 22, Friday Aug. 24

Place: Southard School (115 KENT ROAD)

Time: 9:00 am- 1:15 pm with 2 hours of Math & 2 hours of English
(students are encouraged to bring snack/drink)

Students need to purchase 1 book: *The Official SAT Study Guide 2018*

This course is best suited for students taking the SAT August 2018

Please sign up for the remind 101 where you will be notified of any changes to the schedule

Text 81010 with the message @palsatprep

If you took any PSAT Tests please bring scores with you!

Every year, colleges are flooded with thousands of applications from qualified students. Competition is on the rise and admissions counselors are focusing on students with strong SAT scores. With Howell P.A.L. Prep course, you can rest assured knowing that your child is getting the best help available.

Howell P.A.L. features smaller class sizes and personalized attention that other popular test prep programs do not offer. In fact, students can expect to have about a half to a third the size of the average college prep test class. From small class sizes to the guaranteed satisfaction, Howell P.A.L. test prep tutors teach according to your child's individual needs.

The college admissions process can be extremely stressful on your child and you as a parent. Why not alleviate the stress of taking college admissions tests by getting the best prep around?
Class fills up quickly so get your registration in today!

Childs Name: _____

Address: _____

Participant Birthdate: _____ Participant School: _____

Primary Number: _____ Secondary Number: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Email (mandatory): _____

Allergies: _____ Medications: _____

*Make checks payable to: Howell PAL

Howell Township Police Athletic League PO Box 713, 115 Kent Road Howell, NJ 07731

Phone: (732) 919-2825 Fax: (732) 919-1212

(PAL Office Use Only)

CHECK _____ CASH _____ AMT _____ RECEIVED BY _____

HOWELL POLICE ATHLETIC LEAGUE PARTICIPANT WAIVER

NOTE: This form must be read and signed before the member is allowed to take part in a PAL program. By signing this form, the participant and/or parent or guardian agrees that they have read this waiver, understand the terms set forth herein and knowingly and voluntarily agree to the terms of this waiver.

Program Name: _____

Member's Name: _____

Address: _____

Phone #: _____ **DOB:** _____

In consideration of my involvement in the program under the auspices of the Howell PAL (and/or its officers, volunteers, staff, sponsors, agents, members and/or activity participants) I hereby agree that: I acknowledge that by participating in the event put on by the PAL by its very nature:

1. I RISK BODILY INJURY, INCLUDING PARALYSIS, DISMEMBERMENT OR DEATH.

While the particular rules of the sport, equipment, personal training and discipline may reduce this risk. The risk of injury does exist, as does the risk of damage to or loss of property.

2. I knowingly and freely assume all risks both known and unknown, even if arising from negligence of the above mentioned parties.

3. I willingly agree to comply with the stated and customary terms and conditions for participants, if however I observe any unusual or unnecessary hazard during my presence or participation, I will bring these incidents to the immediate attention of the nearest Howell PAL Staff/Chaperone.

4. For myself, and on behalf of my heirs, those assigned as a personal representative and my next of kin, I hereby: Release, Indemnify and hold harmless and agree not to sue, file a claim for relief or otherwise take legal action against the Howell PAL, their officers, volunteers, staff, or sponsors. Further I and/or my parent/guardian Releases from liability of any of the aforementioned from any liability from any and all injury and loss arising from my participation, whether caused by negligence or otherwise, except that which is the result of gross negligence or wanton misconduct. This indemnification shall include the payment of the Howell PAL's reasonable attorney's fees in defense of any claim filed by you.

5. I grant the Howell PAL, its representatives and employees the right to take photographs of my child in connection with the above identified subject. I authorize Howell PAL, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Howell PAL may use such photographs of my child with or without their name for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

I have read this Howell Police Athletic League Participation Waiver and fully understand its terms. By signing this Waiver I acknowledge that I have done so both freely and voluntarily.

This signature is to certify that I, as a adult participant or the parent/guardian with legal responsibility for this participant who is a minor, consent to the above mentioned and agree to his/her release, and also agree for myself/ourselves, my/our heirs, assigns and next of kin, to release and indemnify the Howell PAL from all liability, incidents to my /our child's involvement as stated above.

X _____
Parent/Guardian Signature Date Signed