



Garner Police Athletic/Activities League

912 Seventh Ave. Garner, N.C. 27529
Office 919-772-8810 / Fax 919-772-8524
www.garnerpaal.org



Youth Registration Form

Attach a copy of your birth certificate and most recent report card

Garner P.A.A.L. reserves the right to remove any participant for violation of the Youth Code of Conduct.

P.A.A.L. ACADEMIC REQUIREMENT: I agree to provide P.A.A.L. with a copy of my child's most recent report card. P.A.A.L. has a right to remove a child from participation until it can be determined that academic progress is being made and/or the child is attending the mandatory required academic class or afterschool program.

New Applicant Returning Participant Today's Date: _____

Last Name: _____ First Name: _____ MI: _____

DOB: _____ Age: _____ Email Address: _____

Address: _____ Zip: _____

Sex: M or F Current Grade: _____ School: _____

Shirt Size: YS YM YL AS AM AL AXL

The following information is gathered to assist with grant applications and will not be used for other purposes:

Is your child eligible for Free or Reduced Lunch? Yes No

(If your total household income is less than the amount shown next to the household size below, then check YES; for each additional person beyond 8 in the household add \$3,740)

1-< \$20,036 2-< \$26,955 3-< \$33,874 4-< \$40,793 5-< \$47,712 6-< \$54,631 7-< \$61,550 8-< \$ 68,469

Participant's Ethnic Group:

- White/Caucasian African American Native American Hispanic
- Asian/Pacific Multi-racial Other

Parent / Guardian / Foster Parent / Primary Caregiver (completing the registration form):

Name: _____ Email: _____ (for P.A.A.L. use only)

Relationship to Participant (please circle one):

Mother Father Grandparent Other Relative Foster Parent Other : _____

Marital Status: _____ Ethnic Group of Parent/Guardian/Caregiver: _____

Address: _____

City: _____ Zip: _____

Home Phone #: _____ Work #: _____ Cell #: _____

Other Emergency Contact Name _____

Phone #: _____ Email: _____



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Medical Information

Physician Name: _____ Phone: _____

Does your child have any special medical needs? Yes No

(If "Yes" please explain): _____

Please check if you would like to Volunteer or Coach at P.A.A.L.: Yes No

(If "Yes" indicate area(s) of interest): _____

General Release of Liability:

In consideration of being allowed to participate in any of the P.A.A.L. programs, related events and activities offered,

The undersigned agrees to the following:

I acknowledge and fully understand that each participant will be engaging in activities that may involve risk or serious injury; including permanent disability and severe social and economic losses, which might result from their actions, in actions or negligence, and of others, the rules of play, the condition of the premises or of any equipment used. Additionally there may be risks not known to us or not reasonably foreseeable at this time. To the best of my knowledge my daughter/son is physically fit to engage in all P.A.A.L. activities. I understand that the Police Athletics/Activities League of Garner employees, Town of Garner and their agents and volunteers will exercise reasonable supervision while my daughter/son is participating and in activities by the Police Athletic/Activities League of Garner, NC. I agree to hold the Police Athletic/Activities League of Garner, NC, and/or the Town of Garner employees and their agents and volunteers harmless from any and all liability, personal injury illness or any loss of property which may result while exercising their duty of supervision while participating in the P.A.A.L. Program.

Authorization for Emergency Care:

In case of accident or serious illness, and the P.A.A.L. program is unable to reach me, I hereby authorize the P.A.A.L. program staff to contact the physician indicated on the application and to follow his/her instructions. If it is impossible to contact this physician, the P.A.A.L. may make arrangements necessary to provide care and treatment for my child. In case of accident/serious illness where the immediate treatment of my child is not necessary, but he/she is unable to remain at P.A.A.L., the program personnel will contact me or arrange transportation for my child. If the P.A.A.L. is unable to reach me, I authorize them to contact one of the persons indicated on the enrollment form (as emergency contacts) and ask them to pick up and transport my child home.

Photo/Media Release:

I acknowledge, understand, consent and permit my child to participate in the P.A.A.L. programs and events that involve interviewing, photographs, videotaping, and publicity activities where their image or voice may be used in public releases.

School Records Release Statement

I give my consent for my son's/daughter's/ward's school records to be accessed by the Police Athletics/Activities League through the Wake County Public School System's exchange of information waiver. This is to enable the P.A.A.L. staff to gather data for program effectiveness on the youth and to help with intervention efforts focused at student success.



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Trip Permission Form:

I give permission for my child, _____, to participate in any P.A.A.L. program trip(s) where his/her participation in a designated away competition or learning experience is scheduled. I understand that I will receive advance notice of these field trips and the specific details as they relate to that event.

- **Only a legal guardian and/or parent may register and sign this form. P.A.A.L. will take appropriate legal action against anyone who is found to complete this form without having the authority to do so.**
- **By signing below, I acknowledge that I understand and agree to all of the above. In addition, I certify that I am the legal guardian and/or parent of this applicant.**

Parent or Guardian Name	Signature	Date
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Adult Witness Name	Adult Witness Signature	Date
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* Adult witness must be a P.A.A.L. employee or Team Official (Coach, Asst. Coach, Administrator or Team Parent)

For Office Use Only (To be completed by P.A.A.L. Staff Member)

Date Received: _____ Initials of Staff: _____

Birth Certificate provided

Report Card provided

G.P.A. verified by _____ G.P.A. _____