



Prince George's County Police Athletic League Registration Form (Please Print)

Activity _____

Child's Information:

Last, First Middle

Address: (City/ Town, State, Zip Code)

School Grade

Parent/ Guardian Information:

Name parent/ guardian (circle one)

ID used i.e.. Drive lic, work Id, etc..

Phone #: Home Work Cell

Emergency Contact Information:

Name Relationship Phone

Insurance Information (Company & Policy #)

1) Are there any medical or health factors that might affect your child's safety or performance in any P.A.L. activity?

____ Yes

____ No

If yes please explain:

2) Are there any problems or concerns with your child that require special attention from the staff?

____ Yes

____ No

If yes please explain:

PLEASE READ AND COMPLETE ALL INFORMATION CONTAINED ON THIS FORM. FOR THE PROTECTION OF YOUR CHILD IT IS NECESSARY THAT YOU READ THE ENTIRE FORM AND ASK QUESTIONS ON ANY PART THAT YOU ARE UNSURE ABOUT. NO CHILD WILL BE PERMITTED TO PARTICIPATE IN ANY P.A.L. ACTIVITY UNTIL THIS FORM IS COMPLETED AND SIGNED BY A PARENT/ GUARDIAN

Parent /Guardian's Signature Date

Witness Date