



**Rochester
Police Athletic/Activities League (PAL)**



MEMBERSHIP FORM

(MEMBERS MUST BE BETWEEN THE AGES OF 5-18)

Last Name:	First Name:	M.I.
Date of Birth:	Gender: Male Female	
Street Address:	City:	Zip Code:
Home Telephone Number:	Email address:	
School:	T-shirt size: Sm Med Lg XL	
Parent/Guardian:	Work Phone Number:	
	Cell Phone Number:	
Emergency Contact:	Home Phone Number:	
Relationship:	Work/Cell Phone Number:	
Medical Concerns:	Hospital/Clinic You Prefer:	
The information below is optional and is only used for reporting purposes. This information is kept confidential.		
Ethnicity: (circle one) African American SE Asian Native American Latino Mixed Race Caucasian Other: _____	Household Income: (circle one) \$5000 or below \$5001-\$15000 \$15001-25000 \$25001-35000 \$35001-45000 \$45000 or above	

Waiver and Consent

In consideration of its allowance of my child to participate in its program, I hereby release and waive the Rochester Police Athletic / Activities League, the City of Rochester, and the Rochester Police Department and its employees, agents, representatives, officers and directors from any and all liability for any loss or injury sustained or incurred (including any loss or injury resulting from the representatives, officers, and directors) while my child participates in PAL's program, or while s/he travels to or from PAL's program. If I cannot be reached in the event of an emergency, I authorize any physician treating my child to perform any and all medical procedures, which s/he determines to be medically appropriate under the circumstances. During any PAL activity, media coverage (photography, interview) may occur.

Rochester PAL Rules and Regulations

- MEMBERS MUST HAVE A POSITIVE MENTAL ATTITUDE
- MEMBERS WILL ATTEND PRACTICES IN ORDER TO PARTICIPATE IN GAMES. NOTIFY COACHES IN ADVANCE IF UNABLE TO ATTEND
- SWEARING OR FIGHTING DURING PAL ACTIVITIES MAY RESULT IN SUSPENSION OR TERMINATION OF MEMBERSHIP
- PAL MEMBERS ARE DRUG, ALCOHOL, AND TOBACCO FREE.
- APPROPRIATE CONDUCT IS EXPECTED AT ALL PAL ACTIVITIES

I HAVE READ AND UNDERSTAND THE RULES AND REGULATIONS AND THE WAIVER AND CONCENT OF THE ROCHESTER POLICE ATHLETIC / ACTIVITIES LEAGUE. I HAVE MY PARENT/GUARDIAN'S PERMISSION TO PARTICIPATE IN THE PAL PROGRAM.

My child may be interviewed or photographed as part of the PAL program. (circle one) YES NO

MEMBER SIGNATURE _____ DATE _____
 PARENT/GUARDIAN SIGNATURE _____ DATE _____