

Every kid needs a **PAL!**



EGG HARBOR TOWNSHIP POLICE ATHLETIC LEAGUE

Main Office & Ready to Ride Facility / 2590 Ridge Avenue, Egg Harbor Township, NJ 08234

Office Phone: 609.645.8413 / Office Fax: 609.484.0577 / EHTPAL.org

Little PAL's Preschool / 2594 Tilton Road, Egg Harbor Township NJ 08234 / Phone: 609.646.9586

Program Registration Form • Please Print Clearly

First Name: _____ Last Name: _____ DOB: _____

Parent(s)/Guardian(s) Name(s): _____ Relationship: _____

Program registering for: _____

Cost: _____ T-Shirt Size: _____ Cell Phone: _____ Home Phone: _____

Email: _____@_____

Address: _____ City: _____ Zip: _____

School: _____ Age: _____ Grade: _____

Medical Conditions/Allergies: _____

I, the parent/guardian of the above listed child, hereby give my approval for my son/daughter to participate in the above indicated activity. I assume all risks and hazards incidental to such participation, including transportation to and from the activity and I do hereby waive, release, absolve, indemnify, and agree to hold harmless the Egg Harbor Township Police Department, the Egg Harbor Township Police Athletic League, its organizers, employees, and Board of Directors, sponsors, supervisors, participants, and persons transporting my child to or from activities, and for any and all claims arising out of any injury to my child, whether the result of negligence or for any other cause. I also give permission for PAL to use pictures of my child in the promotion of the organization.

It is further understood that my signing of this registration form indicates that I have read this form, have explained it to my child, and I understand and fully agree with the statements made.

_____/_____/_____
Parent/Guardian's Signature Parent/Guardian's Name (please print) Date

Attention Check Writer: For your convenience, if your check is dishonored or returned for NSF, we will electronically debit your account for the amount of the check plus a processing fee of \$30. Make check payable and mail to EHT PAL, 2590 Ridge Avenue, Egg Harbor Township, NJ 08234.

----- **Office Use Only** -----

Check Number/Cash: _____ Amount: _____ Date: _____ Received by: _____ Member ID #: _____

Date Entered into MTS: _____ Entered By: _____