



Torrington PAL Registration Form

Log onto Facebook: Torrington PAL

Player Information:

Last Name: _____ First Name: _____

Address _____ Birthday: ___/___/___ Grade _____

Cell Number: (____) _____ - _____ Email Address: _____

Parent Name: _____ Cell (____) _____ - _____

ETHNICITY DISCLOSURE

The information solicited is collected for the sole purpose of providing data to be used for grant applications. Disclosing this information is **voluntary**, however providing this information enables us to continue to make efforts to keep registration fees reasonable and to fund community based programs.

Ethnicity (check one): African American/Black Asian/Pacific Islander Hispanic Native American White

Medical/Emergency Information

Doctor to notify in emergency _____ Telephone _____

Consent for Medical Treatment (Minor)

As a parent or legal guardian of the above named player, I hereby give consent for emergency medical care as prescribed by a duly licensed Doctor of Medicine or Dentist. This care may be given under whatever conditions necessary to preserve the life, limb or well being of the dependent.

Signature of Parent / Guardian _____

Date _____

Signatures are necessary or player will not be allowed to register with Torrington PAL.

I hereby release, discharge and/or otherwise indemnify the Police Athletic League, associated personnel including the owners of the facilities for the Program, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Program.

Player's signature and Date:

Parent signature and Date:
