



NORWICH P.A.L.

2009 MINI BASKETBALL REGISTRATION

AGES 5, 6, & 7 as of January 1st, 2009
 SEASON BEGINS Saturday, January 10th, 2009
 Huntington School - Norwich, Connecticut

Information available at (860) 889-1958 or <http://www.norwichpal.org>

Please Print

CHILD'S NAME: _____ AGE ON 1/1/09: _____

ADDRESS: _____ CITY: _____ ZIP: _____

DATE OF BIRTH: _____ BOY: _____ GIRL: _____

PARENT 1: _____ PARENT 2: _____

TELEPHONE #1: _____ TELEPHONE # 2: _____

E-MAIL ADDRESS: _____

DID CHILD PLAY LAST YEAR? ____ REQUEST FOR TEAM/COACH * _____

* Please note that Norwich PAL cannot guarantee that requests for teams and coaches will be honored.

FEE: _____ \$50.00 (POSTMARKED ON OR BEFORE SATURDAY, DECEMBER 6th, 2008)
 _____ \$60.00 (POSTMARKED AFTER SATURDAY, DECEMBER 6th, 2008)

(\$100.00 MAXIMUM REGISTRATION FEE PER FAMILY)

MAIL REGISTRATION FORM TO:

NORWICH P.A.L.	Paid By:
P.O. BOX 206	CHECK # _____ CASH (Amount Received) \$ _____
NORWICH, CT 06360	OTHER _____

We are always in need of coaches. Please consider giving 1 hour of your time each week.
 WOULD YOU BE INTERESTED IN COACHING? Yes No
 VOLUNTEER'S NAME: _____
 ADDITIONAL COMMENTS: _____
 The commitment you make today will be remembered for a lifetime by your children.

Mail-In Registration Forms Must Be Postmarked by Saturday, December 6th, 2008.

Any late registrations (after Saturday, December 6th) will be put on a waiting list. No guarantee can be made that a late registration will be accepted. Registrations will not be accepted by phone. Registrations will only be accepted on in-person registration days or by mail-in postmarked by Saturday, December 6th, 2008. The fee for registrations postmarked after Saturday, December 6th, 2008 is \$60.00.

No refunds will be issued after December 31st, 2008.

P.A.L. WAIVER OF LIABILITY & MEDICAL CONSENT

In consideration of my son, daughter, or ward's participation in athletics organized by the Norwich Police Athletic League, Inc. ("P.A.L."), I hereby for myself, my heirs, executors, and administrators, waive and release any and all rights or claims for damages I may have against P.A.L., its representatives, successors, employees, volunteers, sponsors, directors, and assigns for any and all injuries suffered by my son daughter, or ward as a result of his/her participation in or travel to and from any practice, game, or other function of P.A.L. I, the undersigned, understand that there is an element of risk involved with my son, daughter, or ward participating in the activities of P.A.L., and that both minor and severe injuries may occur. On behalf of my son, daughter, or ward, I accept the risks of such injuries, and voluntarily grant my permission for my son, daughter, or ward to participate in all activities of P.A.L.

I also grant P.A.L., its employees, staff, volunteers, and other persons authorized and/or designated by P.A.L. to administer first aid as they deem reasonable and appropriate under the circumstances, while my son, daughter, or ward is participating in activities of P.A.L., including, but not limited to practices, games, and travel to and from the same. Such first aid shall include, but not be limited to, applying antiseptics and bandages, and in the event of my absence, seeking any other emergency medical treatment from health care professionals that P.A.L., its employees, staff, and other persons designated and/or authorized by P.A.L. may deem reasonable and appropriate while my son, daughter, or ward is participating in activities of P.A.L., including, but not limited to practices, games, and travel to and from the same. In the event of an emergency in my absence, if any health care professional is consulted, I understand that I will be contacted as soon as possible, and that I will be financially responsible for any medical treatment administered by said health care professional.

Parent/Guardian Signature: _____	Date: _____
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