

**MEMBERSHIP APPLICATION – NASSAU COUNTY POLICE ACTIVITY LEAGUE
PLEASE PRINT – COMPLETE ENTIRE FORM**



Unit _____ Activity _____

[] Male [] Female Date of Birth _____

Name: _____ Tel. _____

Last First Cell _____

Residence _____ Grade _____ Age _____

House # / Street Town

School Attended _____

E-Mail Address _____

Forms will not be accepted unless all areas are filled out correctly

Code of Ethics for Participants and Parents or Guardian:

- > I will encourage good sportsmanship, and demonstrate good sportsmanship to fellow participants, coaches, officials and fans and treat each other with respect regardless of race, sex, creed or abilities.
- > I will attend every game and practice and if I cannot attend, I will notify my coaches and I will encourage my parents to be involved with my activity in some capacity because it is important to me.
- > I will insist that I/my child play in a safe and healthy environment where players coaches officials parents and fans refrain from offensive language and provide an environment free from drugs, tobacco and alcohol, and will refrain from their use at all youth sports events.
- > As a participant, I will do my best to listen and learn from coaches. As a Parent, I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all. Also I will remember that the game is for youth, not for adults and I will do my best to make youth sports fun for my child.
- > As a participant, I will remember that my participation in P.A.L. is an opportunity to learn and have fun and as a parent, I will place the emotional and physical wellbeing of my child ahead of a personal desire to win.
- > As a participant, I will do my best in school. As a parent, I will require my child's coach to be trained in the responsibilities of being a youth sports coach and that the coach upholds the Coaches' Code of Ethics.
- > Any violation of Code of conduct by coach, player, family member or fans can cause suspension/revocation of coach, player etc. from future P.A.L. activities.

Consent of Parent or Guardian

I the undersigned, being the parent or guardian do hereby grant permission for his/her participation in all activities, athletic or otherwise, sponsored by Nassau County Police Activity League, and release from responsibility the said Corporation, its coaches, volunteers, employees, agents, officers, directors, the Nassau County Police Department and the County of Nassau, for any injury, loss of life or other loss or damage as a result of participation in any activity of the Nassau county Police Activity League. Furthermore, I understand the Nassau County Police Activity League sponsored events and in the event an emergency occurs, medical services and or transportation will only be provided through the community's emergency medical system.

As the Parent or Guardian of P.A.L. participant, I have read the above passages and I will disclose the above stated policies to my child and any other spouse/spectator who may attend a P.A.L. activity.

(Signature of Parent/Guardian) (Today's Date)

Publicity Release

I hereby give the Nassau County Police Activity League and its affiliated unit's permission to use my child's name, likeness, image, voice and or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of the NCPAL programs and activities. I agree that the Nassau County Police Activity League programs have complete ownership of such pictures, etc., including the entire copyright, and may use them for any purpose consistent with the NCPAL's mission. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications advertisements, and any promotional materials in any medium now known or later developed including the internet. I acknowledge that I will not receive any compensation, etc. for the use of such pictures, etc., and hereby release the Nassau County Police Activity League and its affiliated units from any and all claims which arise out of or are in any way connected with such use. I give my consent to the NCPAL to use my child's name and likeness to promote the NCPAL programs it affiliated units, and / or their activities.

(Signature of Parent/Guardian) (Today's Date)

Has child participated in the activity before? Yes [] No [] If yes, where? _____

Height _____ Weight _____ Position played _____

Uniform Size (circle one) YS, YM, YL, YXL, AS, AM, AL, AXL, AXXL

Father's Name _____ Mother's Name _____

I am interested in a volunteer position as: Coach/Assistant, [Y] Administrator/Secretarial, [Y] Other [Y]

OFFICE USE: Payment Method

Received payment by (circle one) Cash Check (If check) list check # _____ Amount Received \$ _____

Credit Card: confirmation# _____ Amount \$ _____

Discounts, Scholarship or Hardship explain: _____ approved by: _____

Late Registration- Check, Cash, Credit Card, Date Registered: _____ Date Received: _____ PAL Rep. Name _____

P.A.L. REPRESENTATIVE ACCEPTING REGISTRATION AND FEE (NAME): _____

Additional information: _____
