



Elizabeth Police Athletic League

Registration Form

Child's Name: _____

Child's Home Address: _____

Home Phone: _____ Sex: F _____ M _____

Date of Birth: ____/____/____ Grade: _____ Age: _____ Shirt Size: _____

Mother's/Guardian's Name: _____

Email Address _____

Mother's Workplace: _____ Phone# _____

Father's/Guardian's Name: _____

Email Address: _____

Father's Workplace: _____ Phone# _____

MANDATORY TWO EMERGENCY CONTACTS: Two local people to be called if your child is ill or injured and parents are unavailable. These people have parent's permission to take responsibility for the child, and to take him/her home. If any information is found to be false or phone numbers are not working/disconnected, your child will be dismissed from the program until the correct information is provided!

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Consent I hereby release the City of Elizabeth, the Officers, the Elizabeth Board of Education, Directors and Employees of participating agencies, the Elizabeth Police Department and/or businesses from any liability whatsoever arising out of the transport and/or participation of my child in this program. This Includes but is not limited to claims and expenses incurred in traveling to and from any destination. I have read, understood, and accepted the above.

Parent/Guardian Signature: _____ Date: _____