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

Unit _____ Activity _____

[] Male [] Female Date of Birth _____
MONTH DAY YEAR

Name _____ Tel. _____
Last First

Residence _____
(Street) (Town) (Zip)

School Attended _____ Grade _____ Age _____

E-Mail Address _____

CODE OF ETHICS PARTICIPANTS

....I will encourage good sportsmanship from my fellow participants at every game and practice by demonstrating good sportsmanship.
....I will attend every practice and game that I can and will notify my coaches if I cannot.
....I will do my best to listen and learn from coaches.
....I will treat my coaches, other players, officials and fans with respect regardless of race, sex, creed or abilities and I expect to be treated accordingly.
....I deserve to have fun during my P.A.L. experience and I will tell my parents or coaches if it stops being fun.
....I will encourage my parents to be involved with my activity in some capacity because it is important to me.
....I will do my best in school.
....I will remember that my participation in P.A.L. is an opportunity to learn and have fun.

Participant's Signature: _____

CONSENT OF PARENT OR GUARDIAN

I, THE UNDERSIGNED, being the parent or guardian of _____ do hereby
(Name of Participant)

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 does not provide medical staff at 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.

_____ _____
(Date) (Signature of Parent/Guardian)

CODE OF ETHICS PARENTS

....I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice, or other youth sports event.
....I will place the emotional and physical well being of my child ahead of a personal desire to win.
....I will insist that my child play in a safe and healthy environment.
....I will require that my child's coach be trained in the responsibilities of being a youth sports coach and that the coach upholds the Coaches' Code of Ethics.
....I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
....I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol, and will refrain from their use at all youth sports events.
....I will remember that the game is for youth, not for adults.
....I will do my best to make youth sports fun for my child.
....I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.

Parent (s) Signature (s): _____

_____

Has child participated in the activity before? Yes [] No [] If Yes, Where? _____
Height _____ Weight _____ Position Played _____
Parental support is necessary for this activity to be a success.
Father's Name _____ Mother's Name _____
Please check one of the following:

Coach or Manager	[]	Field Maint.	[]	Secretarial	[]
Asst. Coach	[]	Equip. Maint.	[]	Make Phone Calls	[]
League Administrator	[]	Team Parent	[]	Fund Raiser	[]
Referee/Umpire	[]	Time Keeper	[]	Transportation	[]

Additional Inform. _____

Do not write below

Reg. Fee: _____ Uniform Deposit: _____ Amount Paid: _____
Collected By: _____
Date Uniform Returned _____
Was Anything Missing? _____
Collected By: _____