 \_\_\_\_\_\_Advised of Code of Conduct

**REG. FEE (Non-Refundable) $88 (incl. shirt, lineage, 9 wks, awards)**

**SANTA CLARA POLICE ACTIVITIES LEAGUE Paid $\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_**

**BOWLING REGISTRATION FORM Ck# \_\_\_\_\_\_Cash \_\_\_\_\_\_Charge\_\_\_\_\_\_\_\_**

**601 EL CAMINO REAL 1st Fl., SANTA CLARA, CA 95050**

**PHONE: (408) 615-4880 FAX (408) 984-1407 Shirt Size: YS YM YL**

**Office Hours: 1 PM-5 PM (M-F) Closed on Holidays (Circle One) AS AM AL AXL A2XL A3XL**

**CHILD’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE \_\_\_\_\_\_**

**Male\_\_\_ Female\_\_\_**

**ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STREET CITY ZIP CODE**

**HOME PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SCHOOL CURRENTLY ATTENDING\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENTS/GUARDIAN\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**HOME PHONE NO:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WORK NAME & ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WORK PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CELL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I understand that no refunds will be issued after team placement. I will be responsible for transporting my child to all practices and games.**

**PARENTAL CONSENT, INSURANCE NOTIFICATION, AND MEDICAL TREATMENT AUTHORIZATION**

**I/we, the parents/guardians of the above names candidate for a position on a SANTA CLARA PAL team, hereby give my/our approval to his/her participation in any and all PAL activities during the current season. I/we do hereby assume all risks and hazards incidental to such participation including transportation to and from activities. I/we do hereby waive, release, absolve, indemnify and agree to hold harmless, the City of Santa Clara, Santa Clara PAL, the respective sanctioning associations organizations or leagues and the organizers, sponsors, supervisors, participants and persons transporting my/our child to and from activities, for claims arising out of injury to my/our child.**

**Santa Clara PAL has group accident insurance coverage for medical and hospital expenses, with a deductible for each accident. The insurance is secondary when there is any other valid and collectible insurance provided by parent/guardian. Limited coverage is provided for any one accident with limited dental coverage for sound, natural teeth. A copy of the policy is available for inspection at the PAL office. In signing the foregoing release, I/we acknowledge that: (1) any claim for medical service which arises out of an injury must be reported to a PAL league official within thirty (30) days of the date of injury; (2) I/we have read the forgoing release, understand it and signed it voluntarily. I/we further understand that any registration fee or other sums paid does not constitute a direct premium payment for insurance.**

**Do you have HEALTH/GROUP Medical Insurance: YES ( ) NO ( )**

**CARRIER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PLAN #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or MEDI-CAL #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In the event of injury to my/our child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I/we hereby grant authority to a qualified physician to render such medical treatment as said physician deems necessary under the circumstances. I/we, the Parents/Guardian of the above names SANTA CLARA PAL Candidate have read and understand the above Parental Consent, Insurance Information Clause, and Medical Treatment Authorization. By signing this registration Form, I/we grant permission for my/our child to participate in all officially recognized PAL activities.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Emergency Phone Number Relationship**

**PARENTS SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(IF PARTICIPANT IS UNDER 18)**

**PARTICIPANT’S SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**