



REGISTRATION FORM

2017

San Jose Police Activities League
50 Years of Service to Communities

FOOTBALL

CHEER

PLAYER INFORMATION (Name must match birth Certificate exactly)

Child's Last Name _____ Name that child wishes to be called: _____
 Child's First Name _____
 Address _____ DOB _____
 City/State/Zip _____ Age as of July 31 _____
 Home Phone _____ Approximate Weight (football only) _____
 Team Level Played Last Year _____ How did you hear about us? _____
 ____MM____JPW____PW____JM____M

PARENT/GUARDIAN INFO Child lives with: Both ____ Mom ____ Dad ____ Other ____

Parent/Guardian 1

Name _____
 Address _____
 City _____ ZIP _____
 Home Number (____) _____
 Cell/Work Number (____) _____
 Email _____

Parent/Guardian 2

Name _____
 Address _____
 City _____ ZIP _____
 Home Number (____) _____
 Cell/Work Number (____) _____
 Email _____

EMERGENCY CONTACT INFORMATION

Last Name _____
 First Name _____
 Home Number (____) _____
 Physician Name _____
 Physician Number (____) _____
 Medical Insurance _____

Parent Permission and Release

I hereby grant my permission for any and all emergency medical/dental treatment and/or first aid to be administered to my child/participant, including authorizing any medical treatment facility/hospital to administer emergency treatment, for any illness/injury/accident resulting from participation in any and all SJPAL activities.

Signature _____
 Date _____

FOR LEAGUE USE ONLY

Check # _____ Cash _____ Amount Paid _____ Balance Due _____

Preliminary Team Assignment: MM JPW PW JM M

(Please Circle One)