



\$40 for Street Hockey

Please Make Checks Payable to Hamilton PAL
Please fill out all information on the front and back of this registration form
And MAIL ATTACHED APPLICATION WITH FEE TO:

Hamilton PAL Hockey
341 Thropp Avenue
Hamilton, New Jersey 08610

APPLICATION TO PARTICIPATE

PLEASE INCLUDE COPY OF BIRTH CERTIFICATE WITH MAIL IN REGISTRATION

Player Information

Sex: Male [] Female [] Birth Year: _____ Shirt Size: _____

Last Name: _____ First Name: _____ Age: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Parents/Guardian Cell Phone: _____

Parents/ Guardian E-mail: _____

**PARENTS INSTRUCTIONS ON
MEDICAL TREATMENT
PLEASE READ THE ALTERNATIVE STATEMENTS BELOW AND SIGN
UNDER THE ONE YOU CHOOSE.
SIGN ONLY ONE!**

1. If my child needs medical attention, it is my wish that I be contacted before any medical procedures are taken on my child, unless treatment is necessary to save my child's life or to prevent permanent injury.

Parent/Guardian Signature: _____ Date signed _____

2. If my child needs medical treatment while participating, it is my wish that the treatment be started while efforts are being made to contact me. So that treatment is not delayed, I consent to any medical procedures that the physician believes necessary, on the understanding that efforts to contact me will continue to be made. I accept responsibility for all costs related to such treatment.

Parent/Guardian Signature: _____ Date signed _____

EMERGENCY CONTACT INFORMATION

Physician's Name _____ Phone _____

Hospital _____

Insurance Company _____

Is your child presently on medication? Yes [] No []

If yes, please list all medications):

Allergies _____

Date of child's last complete physical examination by a medical doctor _____

Any physical, medical, or behavioral information our staff should be aware of? _____

Please indicate another person to call if an accident occurs and we are unable to contact you:

Name _____ Relationship _____ Phone _____

PARENT OR GUARDIAN AUTHORIZATION

FATHERS NAME: _____

MOTHERS NAME: _____

I attest that all information provided above is, to the best of my knowledge, true and accurate. I agree to abide by all rules and regulations of the PAL and to protect and return all PAL property entrusted to my care. I further agree to assist the PAL by participating, to the best of my ability, in any activities required by the rules and regulations of the program.

The medical history provided is correct and complete to the best of my knowledge, information and belief, and I my permission for the person named above to fully participate in all normal activities with the PAL program except those which I have specifically noted on the form.

In the event of an emergency, accident or injury which occurs while this person in participating in a PAL program, or traveling to or from such a program, and I am not present, I hereby give permission for the adult representative of the PAL to secure whatever medical and hospital care necessary, and I agree to be financially responsible for such care and treatment.

I hereby further agree to hold the PAL and its representatives, organizers, and sponsors, free from all personal liability in connection with any such emergency, accident, or injury.

SIGNED _____ DATE: _____

I hereby grant permission for my son/daughter to participate in the Hamilton PAL Street Hockey Program.

Signature of Parent/Guardian _____

Date signed _____

FOR HAMILTON PAL ONLY _____