



REGISTRATION FORM 2018

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 __MM__JPW__PW__JM__M	How did you hear about us? _____

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

Parent/Guardian 1	Parent/Guardian 2
Name _____	Name _____
Address _____	Address _____
City _____ ZIP _____	City _____ ZIP _____
Home Number (____) _____	Home Number (____) _____
Cell/Work Number (____) _____	Cell/Work Number (____) _____
Email _____	Email _____

EMERGENCY CONTACT INFORMATION

Last Name _____ First Name _____ Home Number (____) _____ Physician Name _____ Physician Number (____) _____ Medical Insurance _____	<p>Parent Permission and Release</p> <p style="text-align: center; font-size: small;"><i>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.</i></p> Signature _____ Date _____
---	---

FOR LEAGUE USE ONLY

Check # _____ Cash _____ Amount Paid _____ Balance Due _____

Preliminary Team Assignment: MM JPW PW JM M

(Please Circle One)