



**FAIRFIELD PAL**  
**ACTIVITY REGISTRATION FORM**

**PARTICIPANT INFORMATION**

NAME \_\_\_\_\_ AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_

HOME PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

CONTACT E-MAIL: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ TOWN: \_\_\_\_\_ ZIP: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

NAME AND RELATIONSHIP TO PARTICIPANT \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

**INJURY RELEASE**

I AUTHORIZE THE REPRESENTATIVES OF THE FAIRFIELD POLICE ATHLETIC LEAGUE TO ACT ON MY BEHALF FOR THE PURPOSE OF OBTAINING EMERGENCY MEDICAL TREATMENT FOR THE PARTICIPANT LISTED ABOVE. \_\_\_\_\_ YES \_\_\_\_\_ NO

I, THE PARENT OR LEGAL GUARDIAN OF THE PARTICIPANT IN THE FAIRFIELD POLICE ATHLETIC LEAGUE'S PROGRAM, ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO THE CONDUCT OF THE ACTIVITY AND TRANSPORTATION TO AND FROM THE ACTIVITY. I AM AWARE THAT PARTICIPATING IN ANY PROGRAM CAN BE A DANGEROUS ACTIVITY INVOLVING MANY RISKS OF INJURY. I DO FURTHER RELEASE, ABSOLVE, INDEMNIFY, AND WAIVE ANY CLAIMS AGAINST THE FAIRFIELD POLICE ATHLETIC LEAGUE, FAIRFIELD POLICE DEPARTMENT, FAIRFIELD PARK & RECREATION DEPARTMENT, FAIRFIELD BOARD OF EDUCATION, TOWN OF FAIRFIELD, AND ANY BOARD MEMBERS OR COACHES REPRESENTING THEM.

I FURTHER STATE THAT I HAVE READ THE FOREGOING MEDICAL AUTHORIZATION AND KNOW AND UNDERSTAND THE CONTENT THEREOF.

**AUTHORIZATION**

NAME OF PARENT OR LEGAL GUARDIAN OF PARTICIPANT: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_