



Lancaster Police Athletic League



Participant Name _____ Male Female

Parent/Guardian Name _____

Home Address _____
Street City State Zip

Home Phone _____ Work Phone _____ Cell Phone _____

Birth Date _____ School _____ Grade _____

E-Mail Address _____

Emergency Contact: _____ Phone: _____

Any medical disabilities, allergies, etc _____

I live in Lancaster City Lancaster Township Other _____

PROGRAM NAME: _____ **LOCATION:** _____

SHIRT SIZE: (only for certain programs)	Youth S	Youth M	Youth L	
	Adult S	Adult M	Adult L	Adult XL

LIABILITY WAIVER: All registrants are required to sign the following release. Parents or guardians must sign if participant is under 18. I, the above named candidate for participation in the activities listed above, hereby waive any claim for bodily injury or property damage against the School District of Lancaster, the City of Lancaster, Lancaster Township, the Lancaster Recreation Commission, Lancaster Police Athletic League (PAL) while a participant in any program at any location. I also permit the Lancaster Recreation Commission and Lancaster Police Athletic League and its partners to use any photographs or videotape of me or my child(ren) for promotional purposes. In the event of a medical emergency, I authorize the Lancaster Recreation Commission and Lancaster Police Athletic League (PAL) staff to obtain medical treatment for me, my son and/or daughter or minor for whom I am the guardian.

Parent/Guardian Signature: _____ Date: _____

A partnership of:

