

2017 Euclid PAL Soccer Application

Please PRINT CLEARLY and SUBMIT \$25.00 fee for either Summer Camp below (Circle one):

Member Information

Last Name:	First Nar	me:	MI:
Address:	City:	Zip Cod	e:
Home Phone:	Member Cell	Phone:	
Date of Birth:	Sex: M / F Scho	ool:	_ Grade:
Current / Previous Socc	er Experience:		
Previous Injuries:			
Known Alergies:			
	Parent / Guardian's In	<u>formation</u>	
Last Name:	First Nar	me:	MI:
Home Phone:	Cell Pho	ne:	
List an additional ADULT	Emergency Contact In who can be contacted in the event of an e		not be reached.
Name:	Address:_		
City:	Zip Code:	Phone:	
demands, and/or causes of action we PAL agent and or volunteer(s) while above Name(s) and any photos of members, volunteers, and supporte transportation for your child if neede each facility has their own treatment	Activity Disclaimer / Photosticipation in the EUCLID POLICE ATHLETIC LEAGNatsoever. This includes any legal fees and/or relay at any PAL activity or while in transport. I hereby any child for the use in print, radio, and television advers) for Euclid PAL. This application also authorized. This does not authorize or guarantee treatment a policies and procedures. NTED Name:	GUE (PAL), I hereby waive and relinquish a ated costs against the City of Euclid, its em give my permission to the Euclid Police At ls for the purpose of marketing, publicity, a st the Euclid Police Department / Euclid PAt t upon arrival at the designated source of e	nployees, or any Euclid hletic League to use the ind/or recruiting AL to secure emergency emergency service, as
Parent / Guardian's Sigr	nature:	Date:	