## 2019/20 Euclid Police Department PROJECT BLUEP.R.I.N.T.

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**Member Information** 

| Last Name:  | Fir  | First Name:   |  |  |
|---|--|---|--|--|
| Address:  | City   | /:  | Zip Code:  |  |
| Home Phone:   | Memb   | Member's Cell Phone:  |  |  |
| Date of Birth:  | Sex:   | School:   | Grade:   |  |
| Previous Injuries:  |  |   |  |  |
| Known Alergies:   |  |   |  |  |
|   | <u>Parent/Guardi</u>   | an's Information  |  |  |
| Last Name:  | Fir  | First Name:   |  |  |
| Home Phone:   | Cel  | Cell Phone:   |  |  |
| EMAIL:  | 2 <sup>nd</sup>  | 2 <sup>nd</sup> EMAIL:  |  |  |
|   | <mark>Contact (Other th</mark><br>can be contacted in the ev   |   | <u>) Information</u><br>ent/Guardian cannot be reached.                                    |  |
| Name:   | P  | hone Number:  |  |  |
| demands, and/or causes of action whatsoe<br>PAL agent and or volunteer(s) while at any<br>above Name(s) and any Photos of my child<br>members, volunteers, and supporters for E<br>transportation for your child if needed. Th<br>each facility has their own treatment polic | rticipation in the Euclid Police A<br>ever. This includes any legal fee<br>y PAL activity or while in transp<br>for the use in print, radio, and t<br>Euclid PAL. This application also<br>his does not authorize or guaran<br>ies and procedures. | s and/or related costs against<br>ort. I hereby give my permissi<br>elevision ads for the purpose o<br>o authorizes the Euclid Police D<br>atee treatment upon arrival at | epartment/Euclid PAL to secure emergency<br>the designated source of emergency service, as |  |
| Parent/Guardian PRINTED   | Name:  |   |  |  |
| Parent/Guardian's Signatur  | e:   |   | Date:  |  |

## Event Dates

(All Dates will be hosted at Euclid Central Middle School from 3:00pm to 6:00pm)

December 16th

January 6th

January 27th

November 4th November 18th December 2nd

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February 10th February 24th March 16th

April 6th April 27th May 18th