



2022 Euclid PAL Application

Please **PRINT CLEARLY** and **SUBMIT** with a one-time **\$5.00** fee for a one-year PAL Basketball membership, valid between **November 1, 2021, to October 31, 2022**

Member Information

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Member Cell Phone: _____

Date of Birth: _____ Sex: M / F School: _____ Grade: _____

Parent / Guardian's Information

Last Name: _____ First Name: _____ MI: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Information

List an additional ADULT who can be contacted in the event of an emergency, if Parent/Guardian cannot be reached.

Name: _____ Address: _____

City: _____ Zip Code: _____ Phone: _____

Activity Disclaimer / Photo Waiver

In consideration of my child's participation in the EUCLID POLICE ATHLETIC LEAGUE (PAL), I hereby waive and relinquish any and all claims, demands, and/or causes of action whatsoever. This includes any legal fees and/or related costs against the City of Euclid, its employees, or any Euclid PAL agent and or volunteer(s) while at any PAL activity or while in transport. I hereby give my permission to the Euclid Police Athletic League to use the above Name(s) and any photos of my child for the use in print, radio, and television ads for the purpose of marketing, publicity, and/or recruiting (members, volunteers, and supporters) for Euclid PAL. This application also authorizes the Euclid Police Department / Euclid PAL to secure emergency transportation for your child if needed. This does not authorize or guarantee treatment upon arrival at the designated source of emergency service, as each facility has their own treatment policies and procedures.

Parent / Guardian's **PRINTED** Name: _____

Parent / Guardian's Signature: _____ Date: _____