MEMBERSHIP APPLICATION - NASSAU COUNTY POLICE ACTIVITY LEAGUE
PLEASE PRINT - COMPLETE ENTIRE FORM

Unit: _____ Activity: SOCCER

☐ Male ☐ Female Date of Birth: _____ Month _____ Day _____ Year

Player Name: _____ last _____ first Tel: _____

Residence: _____ street _____ town _____ zip

School Attended: _____ Grade: _____ Age: _____

Email Address: _____

PARTICIPANTS CODE OF ETHICS

… I will encourage good sportsmanship from my fellow participants at every game and practice by demonstrating good sportsmanship.
… I will attend every practice and game that I can and wil notify my coaches if I can not.
… I will do my best to listen and learn from coaches.
… I will treat my coaches, other players, officials and fans with respect regardless of race, sex, creed or abilities and I expect to be treated accordingly.
… I deserve to have fun during my P.A.L. experience and I will tell my parents or coaches if it stops being fun.
… I will encourage my parents to be involved with my activity in some capacity because it is important to me.
… I will do my best in school.
… I will remember that my participation in P.A.L. is an opportunity to learn and have fun.

Participant's Signature: _____

CONSENT OF PARENT OR GUARDIAN

I, THE UNDERSIGNED, being the parent or guardian of _____ do hereby grant permission

for his/her participation in all activities, athletic or otherwise, sponsored by NASSAU COUNTY POLICE ACTIVITY LEAGUE, and release from responsibility the said Corporation, its coaches, volunteers, employees, agents, officers, directors, the Nassau County Police Department and the County of Nassau, for any injury, loss of life or other damage as a result of participation in any activity of the Nassau County Police Activity League. Furthermore, I understand the Nassau County Police Activity League does not provide medical staff at Nassau County Police Activity League sponsored events and in the event an emergency occurs, medical services and or transportation will only be provided through the community's emergency medical system.

Date: _____ Signature of Parent / Guardian: _____

PARENTS CODE OF ETHICS

… I will encourage good sportsmanship by demonstrating positive support for players, coaches,& officials at every game,practice,or other youth sport event.
… I will place the emotional and physical well being of my child ahead of a personal desire to win.
… I will insist that my child play in a safe and healthy environment.
… I will require that my child's coach be trained in the responsibilities of being a youth sports coach and that the coach upholds the Coaches' Code of Ethics.
… I wll support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
… I will demand a sports environment for my child that is free from drugs, alcohol, and will refrain from their use at all youth sports events.
… I will remember that the game is for youths, not for adults.
… I will do my best to make youth sports fun for my child.
… I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.

Parent(s) Signature: _____

Has child participated in the activity before? ☐ Yes ☐ No If Yes, Where? _____

Height: _____ Weight: _____ Position Played: _____

Father's Name: _____ Mother's Name: _____

Parental support is necessary for this activity to be a success. Please check one of the following:

☐ Coach or Manager	☐ Field Maint.	☐ Secretarial
☐ Asst. Coach	☐ Equip. Maint.	☐ Make phone calls
☐ League Administrator	☐ Team Parent	☐ Fund Raiser
☐ Referee / Umpire	☐ Time Keeper	☐ Transportation

Additional Information: _____

DO NOT WRITE BELOW THIS LINE

Collected By: _____ Reg.Fee: _____
Date Uniform Returned: _____ Uniform Deposit: _____
Was Anything Missing? _____ Amount Paid: _____
Collected By: _____ Check # : _____
Collected By: _____