

PROGRAM REGISTRATION CARD

2903 Highway 138 East, Wall, NJ 07719 • Phone 732-749-3620 • Fax 732-681-8895 • www.jerseyshorepal.org



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|--|--|--|--|
| <input type="checkbox"/> MEMBERSHIP | <input type="checkbox"/> SCIENCE ON PATROL | <input type="checkbox"/> PAL AFTER-SCHOOL: | |
| <input type="checkbox"/> YOUTH LEADERSHIP | <input type="checkbox"/> ZUMBA (Adult) | <input type="checkbox"/> Chess/Checkers Club | <input type="checkbox"/> Science Club |
| <input type="checkbox"/> YOUTH MENTORING | <input type="checkbox"/> ZUMBA (Child) | <input type="checkbox"/> Drawing/Art Club | <input type="checkbox"/> After-School Sports |
| <input type="checkbox"/> WINTER RECREATION | | <input type="checkbox"/> Homework Club | |

CHILD'S INFORMATION:

Child's Name _____ Parent E-Mail _____
Child's Street Address _____ City/State/Zip _____
Phone _____ Date of Birth ___/___/___ Sex: Male Female Grade _____ School _____

PARENT/GUARDIAN INFORMATION

1) Parent/Guardian Name _____ Relationship _____
Phone: Home _____ Cell _____ Work _____
Company Name/Address _____
PLEASE CIRCLE YES OR NO Emergency Contact: Yes No Authorized Pick-Up: Yes No Lives with Child: Yes No

2) Parent/Guardian Name _____ Relationship _____
Phone: Home _____ Cell _____ Work _____
Company Name/Address _____
PLEASE CIRCLE YES OR NO Emergency Contact: Yes No Authorized Pick-Up: Yes No Lives with Child: Yes No

ADD'L EMERGENCY CONTACT/PICK-UP - MUST BE 18 YEARS OR OLDER

3) Contact Name _____ Relationship to Child _____
Phone: Home _____ Cell _____ Work _____
PLEASE CIRCLE YES OR NO Emergency Contact: Yes No Authorized Pick-Up: Yes No

4) Contact Name _____ Relationship to Child _____
Phone: Home _____ Cell _____ Work _____
PLEASE CIRCLE YES OR NO Emergency Contact: Yes No Authorized Pick-Up: Yes No

5) Contact Name _____ Relationship to Child _____
Phone: Home _____ Cell _____ Work _____
PLEASE CIRCLE YES OR NO Emergency Contact: Yes No Authorized Pick-Up: Yes No

PHYSICIAN/INSURANCE INFORMATION:

Physician's Name _____ Phone _____
Address _____
Insurance Carrier _____ Phone _____
Address _____ ID# _____ Policy # _____ Group# _____

ADDITIONAL INFORMATION (Optional)

Ethnicity: African American Hispanic Asian Caucasian Other _____ Decline to Answer

Pick-Up Restrictions & Additional Info You Feel is Necessary: _____

PARENT/GUARDIAN AUTHORIZATION: Please enroll my child for the program(s) indicated on this application. I understand my child will remain in the program for period reserved for him/her. I authorize Jersey Shore PAL to utilize pictures of my child in their advertisements. I state that we are the parent/guardians having legal custody of the above child and attest that the information above is correct. I authorize the Director or Director's designee of the above PAL Youth Center to obtain emergency treatment for my child. I further consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon. I also recognize and understand that the use of any equipment and/or my participation in any activity sponsored by the Jersey Shore PAL will be done at my own risk, knowing that the use of said equipment and/or participation in said activities may subject me to physical injury serious or otherwise. As such, I will not hold the Jersey Shore PAL, its members, coaching staff/volunteers and directors responsible for any accident or injury that may befall me in the use of said equipment and/or the participation in said activities. Furthermore, I will provide the Jersey Shore PAL with a medical certification form from my doctor attesting to my physical ability to participate in certain activities requiring notification. By affixing my signature below, I agree and fully comprehend that I am responsible for all payments incurred with regard to this program.

Signature of Parent/Guardian

Date