



GREAT BAY REGIONAL POLICE ATHLETIC LEAGUE, INC.

665 RADIO ROAD

LITTLE EGG HARBOR, NEW JERSEY 08087

PHONE (609) 296-3666 FAX (609) 812-1069



2017 P.A.L. FREE SUMMER ACTIVITIES

Service Area: Great Bay Regional P.A.L. serves all the children from the Townships of Bass River, Eagleswood, Little Egg Harbor, and the Boro of Tuckerton.

Public and private school students are equally welcome!

BASKETBALL

Open to all children residing in the Service Area **aged 9-16**. Program scheduled for Monday and Wednesday evenings from 6:30PM to 8:00PM at the George J. Mitchell School, 950 Route 539, Little Egg Harbor Township. Program begins Monday, July 10, 2017 through August 23, 2017.

FISHING

Open to all children residing in the Service Area in **grades 2-8**. Parents are highly encouraged to stay with their children. Program scheduled for Tuesday evenings from 6:30PM to 8:00PM at Tip Seaman Park, Tuckerton. Materials will be provided. Program begins Tuesday, July 11, 2017 through Tuesday, August 22, 2017.

MARTIAL ARTS

Open to all children residing in the Service Area **aged 6-12**. Program scheduled Wednesday evenings from 5:00PM to 5:45PM at Gold Hawk Martial Arts, Little Egg Harbor Township. Program begins Wednesday, July 12, 2017 through Wednesday, August 23, 2017. Class is strictly limited to 15 children. Admission will be limited to the first 15 children who email or fax in their completed participation forms, **NO EXCEPTIONS**.

Please email participation forms to bkennedy@lehpolicy.org or fax them to (609) 812-1069



GREAT BAY REGIONAL POLICE ATHLETIC LEAGUE, INC.

665 RADIO ROAD

LITTLE EGG HARBOR, NEW JERSEY 08087

PHONE (609) 296-3666 FAX (609) 812-1069



2017 P.A.L. FREE SUMMER ACTIVITIES APPLICATION

PLAYERS NAME:		Date of Birth	Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
HOME ADDRESS:	Number & Street	City or Town	State	Zip Code
Home Telephone Number:	Cellular Telephone Number:		Work Telephone Number:	
()	()		()	
School				Grade
Please list any medical problems or allergies				
EMERGENCY CONTACT INFORMATION				
PRINTED NAME:	Home Telephone Number:	Cellular Telephone Number:	Work Telephone Number:	
()	()	()	()	

PAL PARENT CONSENT FORM, INSURANCE WAIVER AND ATHLETE'S CODE

1. Demonstrate good sportsmanship at all times.
2. Strictly follow all rules and regulations issued by PAL.
3. Maintain proper conduct and behavior during the season.
4. Demonstrate respect and support of the coaches, other team members, officials and opposition.
5. Maintain proper care of all PAL equipment and always respect the personal property of others.
6. Refrain from any actions (cursing & fighting), involving illegal or dangerous substances (alcohol, drugs, and tobacco) as well as any actions, which violate the law.

NOTE: Any infraction of this Code of Conduct may result in a reprimand, suspension and/or expulsion.

The P.A.L. insurance protection is an excess plan. This means you must first claim benefits under any and all other Medical insurance coverage you presently have. The coverage provided has limitations in terms of the items covered, as well as the amount to be paid on claims. This is especially important if you do not have private insurance as a serious injury may result in costly medical bills. Your signature is an acknowledgement of the limitation of insurance protection for the athletes.

I authorize the P.A.L. site supervisor to give permission for this child to receive any and all medical attention required, in their sole judgment after consultation with a qualified physician, for any injury or medical condition that arises during participation in this program. I understand that reasonable attempts will be made to notify me or the emergency contact listed above prior to authorization of the aforesaid medical treatment.

I further agree to hold harmless Great Bay Regional P.A. L., Inc., its directors, officers, employees and volunteers for any damages that occur as a result of participation in this program.

MY SIGNATURE INDICATES THAT I ACCEPT THESE CONDITIONS AND ALSO THAT I HAVE READ AND UNDERSTAND ALL RULES AND REGULATION CONCERNING PARTICIPATION, AND THAT I WILL ACCEPT DISCIPLINARY ACTION FOR ANY INFRACTION OF THESE RULES.

Parents Name _____ Signature _____ Date _____

Participants Name _____ Signature _____ Date _____

PROGRAM TYPE (Please Check✓) Martial Arts Fishing Basketball (See Below For Program Location)

****2017 Martial Arts will Be Held At Gold Hawk Martial Arts, 243 Rte 9, Little Egg Harbor Township****

****2017 Fishing Will Be Held at the Tip Seaman Park, 120 Lakeside Dr, Tuckerton Borough****

****2017 Basketball Will Be Held at the George J. Mitchell School, 950 County Rd 539, Little Egg Harbor Township****