

PIERMONT P.A.L.
BASKETBALL LEAGUE
and
Three-on-Three League

REGISTRATION 10-15-2009 thru 12-15-2009

OPEN INSTRUCTIONAL LEAGUE FOR GRADES 1 - 3
OPEN COMPETITIVE LEAGUE (THREE-ON-THREE)
FOR GRADES 4 AND UP

ALL PROGRAMS TO BE HELD WEEKNIGHTS STARTING AT 6 PM
AT THE PIERMONT COMMUNITY CENTER
HUDSON TERRACE
PIERMONT, NY

REGISTRATION FEE \$50.00 PER child

COACHES NEEDED!!!
PROGRAM STARTS FIRST WEEKS OF JANUARY 2010

Please mail or bring in person the attached registration fee made payable to Piermont PAL
along with the completed form to: Piermont PAL, Att: Joan 2nd Floor,
478 Piermont Ave, Piermont, NY 10968

If you have any questions, you can email me at joan@piermontpal.com

**PIERMONT PAL BASKETBALL LEAGUE
REGISTRATION FORM AND MEDICAL FORM**

NAME: FIRST _____ LAST _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL: _____

EMAIL: _____

DATE OF BIRTH: _____ SHIRT SIZE: _____

PARENTS' NAMES: _____

EMERGENCY CONTACT: (NAME & PHONE NUMBER & RELATIONSHIP TO CHILD) _____

DOCTOR'S NAME: _____

DOCTOR'S PHONE NUMBER: _____

LIST ALLERGIES: _____

DOES YOUR CHILD HAVE AN ALLERGIC REACTION OF ANY TYPE (MEDICINES, INSECT BITES, ETC.) _____

DOES YOUR CHILD USE ANY MEDICATIONS (EX. INHALER), IF SO WHAT AND HOW OFTEN _____

ANY ILLNESS WE SHOULD KNOW ABOUT _____

ANY OTHER INFORMATION THAT YOU FEEL WE SHOULD KNOW _____

I CERTIFY THAT MY CHILD IS IN GOOD PHYSICAL HEALTH AND CAN PARTICIPATE IN THE DAILY SCHEDULE OF EVENTS. IN CASE OF EMERGENCY, I GRANT PERMISSION FOR MY CHILD TO BE GIVEN TREATMENT AT THE LOCAL HOSPITAL.

PARENT'S NAME _____

PARENT'S SIGNATURE _____ DATE _____