

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



Unit \_\_\_\_\_ Activity \_\_\_\_\_

Male  Female Date of Birth \_\_\_\_\_  
 MONTH DAY YEAR

Name \_\_\_\_\_ Tel. \_\_\_\_\_  
 Last First

Residence \_\_\_\_\_  
 (Street) (Town) (Zip)

School Attended \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**CODE OF ETHICS PARTICIPANTS**

- ...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 will notify my coaches if I cannot.
- ...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 OF GUARDIAN**

I, THE UNDERSIGNED, being the parent or guardian of \_\_\_\_\_ do hereby  
 (Name of Participant)

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 loss or 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 even an emergency occurs, medical services and or transportation will only be provided through the community's emergency medical system.

\_\_\_\_\_  
 (Date) (Signature of Parent/Guardian)

**CODE OF ETHICS PARENTS**

- ...I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice, or other youth sports event.
- ...I will place the emotional and physical well being of my child ahead of 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 will 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, tobacco, and alcohol, and will refrain from their use at all youth sports events.
- ...I will remember that the game is for youth, 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(s):** \_\_\_\_\_

Has child participated in the activity before? Yes  No  If Yes, Where? \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Parental support is necessary for this activity to be a success.

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Please check one of the following:

- |   |  |   |
|---|--|---|
| Coch or Manager <input type="checkbox"/>      | Field Maint. <input type="checkbox"/>  | Secretarial <input type="checkbox"/>      |
| Asst. Coach <input type="checkbox"/>          | Equip. Maint. <input type="checkbox"/> | Make Phone Calls <input type="checkbox"/> |
| League Administrator <input type="checkbox"/> | Team Parent <input type="checkbox"/>   | Fund Raiser <input type="checkbox"/>      |
| Referee/Umpire <input type="checkbox"/>       | Time Keeper <input type="checkbox"/>   | Transportation <input type="checkbox"/>   |

Additional Inform. \_\_\_\_\_

**Do not write below**

Reg. Fee: \_\_\_\_\_ Uniform Deposit: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Collected By: \_\_\_\_\_

Date Uniform Returned \_\_\_\_\_

Was Anything Missing? \_\_\_\_\_

Collected By: \_\_\_\_\_