

Dover Police Athletic League

Membership Application Form



Members Information (Child's Information, Please Print):

First Name

Middle Name

Last Name

Birthdate

Gender (Circle)

 Male Female

School

Grade

Address:

Parent/Guardian Information (Please Print):

First Name

Last Name

Relationship to Member

Address:

Same Address as Member

City

State

Zip Code

Phone Number

Email

First Name

Last Name

Relationship to Member

Address:

Same Address as Member

City

State

Zip Code

Phone Number

Email

Member Medical Information (Please Print):

Insurance Company:

Insurance Policy Number:

Name of Insurance Member

Doctor's Name:

Address:

Phone Number:



Application Continued:

Allergies:

Medications:

I have read this application and understand the disclaimer of the DOVER PAL. I request that my son/daughter be admitted into membership. I have explained this disclaimer to my son/daughter and agree that the DOVER PAL will not be responsible for any accident to my child while on the DOVER PAL premises or while engaged in any of its activities away from the DOVER PAL premises. I give my consent for photographs, in which my son/daughter may appear, to be used in any way the DOVER PAL may care to use them. I certify that my child is in good health and will perform normal discipline necessary for a successful group experience. I give my permission for DOVER PAL to take my child for short day trips as part of the program. I do hereby, for services rendered, release the Dover Police Athletic League of Delaware from any and all liability.

Disclaimer: The Police Athletic League of Delaware is a non-profit 501(c)(3) organization. Consequently, in order to receive federal/government regulated funding We REQUIRE ALL information from the above application to be true and accurate. I understand that the DOVER PAL and City of Dover provides no medical coverage for participants unless specified and that all bills which may be incurred as a result of an activity-related injury are my responsibility. I hold harmless the City of Dover, Dover PAL, Dover Police Department, their officers and all other parties involved in the conduction of these activities.

Parent/Guardian Signature

Date

Dover Police P.A.L.
400 South Queen Street
Phone:(302)736-7122 ext:7848