

Danbury PAL Registration Form - Summer Experience

Player Information:

Name: _____

Address: _____ City: _____

Grade: _____ School: _____ Town: _____

List any medical problems or information the child has: _____

Parent Information:

Name: _____ Email _____

Phone Numbers: Home: _____ Bus: _____ Cell: _____

Emergency Contact Information:

Name: _____ Phone Number: _____

To induce the Danbury Police Activities League Inc. to accept registration and permit participation by the above named minor child, I hereby give my permission and consent, agree to release, indemnify, and hold harmless the Danbury PAL, it's officers, staff and representatives from any claims arising from any injury to the above named minor.
I hereby give may consent for emergency care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry.
This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependant.

SIGNATURE (PARENT/GUARDIAN) _____

Fee Structure - Please check the appropriate fee:

___ \$150 per week – 1 child 9am to 3pm ___ \$200 per week extended day 8 am to 4pm (\$50 added)
___ \$840 for 7 weeks (\$210 discount) ___ \$1,190.00 7 weeks extended day (\$210 discount)
*Multiple Child discount available \$25 discount per child per week) ·No Refunds

Session Schedule - Please check the appropriate session:

___ Session 1 June 28 – July 2 ___ Session 6 Aug 2 – Aug 6
___ Session 2 July 6 - July 9 ___ Session 7 Aug 9 – Aug 13
___ Session 3 July 12 – July 16
___ Session 4 July 19 - July 23
___ Session 5 July 26 - July 30

MAKE CHECKS PAYABLE TO DANBURY PAL: AMOUNT PAID \$ _____ CASH ___ CHECK ___