

TEWKSBURY POLICE ATHLETIC LEAGUE

Registration Form

Please use one form per player, birth certificate not required

Player Information

Guardian Information

Name First, Last		Name First, Last	
Street		Home Phone	
City, St, Zip	Tewksbury, Ma 01876	Cell Phone	
Phone		Work Phone	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Email	
Grade	5 6 7 8 9 10 11 12	Volunteer?	
DOB	/ /	Name First, Last	
Shirt Size	S M L XL XXL	Home Phone	
Position		Cell Phone	
		Work Phone	
		Email	
		Volunteer?	

Important Notes

To assure space on a team, return promptly with a check made payable to “Tewksbury Police Athletic League” 918 Main St. Tewksbury, Ma 01876

Basketball

Eligible Age

Eligible Grade

Fee

<input type="checkbox"/> High School Division	N/A	9-12	\$30.00
<input type="checkbox"/> Middle School Division	N/A	6-8	\$30.00

Wrestling

Eligible Age

Eligible Grade

Fee

<input type="checkbox"/> K - 8	5-15	K - 8	\$50.00 / max cost per family is \$100.00
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Flag Football

Eligible Age

Eligible Grade

Fee

<input type="checkbox"/> Middle School Division	N/A	7-8	No fee
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Floor Hockey

Eligible Age

Eligible Grade

Fee

<input type="checkbox"/> Middle School Division	N/A	7-8	No Fee
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Parent / Guardian Release

I, the undersigned parent/guardian, wish to register the child indicated above in the Tewksbury Police Athletic League Organization. I give my permission for the coaches to administer first aid and to authorize emergency treatment by a doctor, if necessary. I am aware of the risk of injury inherent in any sport and hereby release Tewksbury Police Athletic League and its coaches, umpires and other associated personnel from any claims. The registrant child is medically fit to play sports. I also certify that the date of birth and other information given above is true to the best of my knowledge.

Signature of Guardian: _____ Date: _____