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**Police Activity League**

Application for Membership

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| **To all athletes/basketball players,**  **The Bensalem Township Police Department will be running the Annual PAL Basketball Summer League beginning Tuesday June 16th 2015 and ending mid August. The league is open to all Bensalem Township residents (boys and girls) entering grades 7-12. Games will be held Tuesday, Wednesday, or Thursday evenings at the Bensalem Community Park located at the intersection of Galloway and Richlieu Roads. Rain dates will be announced as needed. The league is free of charge and team shirts will be provided.**  **\*\*\*\*\*PROOF OF RESIDENCY MUST BE ACCOMPANIED WITH THIS APPLICATION \*\*\***  **Acceptable forms of identification: Drivers or Non Drivers license, utility or cable bill**  **Registration ends June 10th, 2015… NO EXCEPTIONS**  Applicant Information | | | | |
| Applicant Name: | | | | |
| Address: | | PA | | |
| Parent/Guardian Name: | | | | |
| Applicant Home Phone: | | Applicant Cell Phone: | | |
| School Attending: Upcoming Grade | | | | |
| Age: Height: | Weight: Yrs of experience: | |  | |
| Email addresses: / | | | | |
| **Completed forms can be emailed to** [**PAL@bensalempa.gov**](mailto:PAL@bensalempa.gov) **or dropped off at the Police Dispatch Window located at 2400 Byberry Road.**  **For up to date scheduling and team listings please go to** [**www.bensalem-township.org**](http://www.bensalem-township.org) **and click on the PAL icon.**    **BENSALEM TOWNSHIP**  **LIABILITY RELEASE AND PERMISSION FORM**  **FOR MINOR PARTICIPANTS**  ALL MINOR PARTICIPANTS AND BOTH PARENTS OR GUARDIANS MUST SIGN THIS LIABILITY RELEASE AND PERMISSION FORM AND SUBMIT THE FULLY SIGNED FORM TO THE TOWNSHIP REPRESENTATIVES BEFORE ANY MINOR CAN PARTICIPATE IN THE PROGRAM SPONSORED BY BENSALEM TOWNSHIP.  I/We, \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the parents or legal guardian of the undersigned participant grant permission for him or her to participate in the PAL Summer Basketball League. We understand and assume all of the risks of his or her participation.  We, the undersigned, certify that the participant is in good health and is able to participate in such program and we acknowledge that participation in this program involves a risk of bodily injury, including, but not limited to, fractures, head and neck injuries, and the possibility of permanent disability and/or death.  We understand that no health or accident insurance is provided for program participants by the Township and we, the parents or legal guardians of the participant, accept full responsibility for obtaining the necessary health or accident insurance, or for payment of all expenses in the absence of such insurance.  **NOW THEREFORE**, in consideration of the foregoing, and in consideration of the mutual relationship of others participating in said program, and of the undersigned’s participation therein, we do hereby release, for ourselves, our heirs, executors, administrators, and assigns, from any and all of manner of actions, causes of action, suits, debts, accounts, controversies, damages, claims and demands whatsoever, which we, jointly or individually, our heirs, executors, administrators and assigns may have or may acquire against Bensalem Township, or its directors, officers, members, agents, employees, or other representatives by reason of any loss resulting from personal injury or damage to the participant or other personal property belonging to us, which may occur during or by reason of the undersigned participant’s participation in the program.  We agree that Bensalem Township shall have the right at its discretion to enforce established rules of conduct and/or terminate the undersigned participant’s participation in the program for failure to follow these rules or conduct, or for actions or conduct detrimental to or incompatible with the welfare, comfort, harmony or interest of the program as a whole.  We hereby grant Bensalem Township and any of its directors, officers, members, agents, employees, or other representatives of the Township, full authority to take whatever action they consider to be warranted regarding the undersigned participant’s health and safety, and we fully release all of them from any liability for such actions taken on our behalf. | | | | |
| Signature of Participant: | | | | |
| Name of Parent/Legal Guardian: | | | | |
| Signature of Parent/Legal Guardian: | | | | |
| Parent/Legal Guardian Home Address: | | | | |
| Parent/Legal Guardian Contact Number: | | | | |
| Parent/Legal Guardian Email address: | | | |  |
| We have signed this waiver and release on this date | | | |  |