

EMERGENCY CONTACT (other than already listed on front side)

Relationship: _____ Name: _____

Phone: _____ Address: _____

MEDICAL INFORMATION

Medication: _____ Allergies: _____

Primary/ Family Doctor: _____ Doctor Phone: _____

Additional Medical Information: _____

APPLICANTS Please Answer the Following:

Favorite Color: _____ Best Book: _____

Favorite Food: _____ Favorite TV Show: _____

When you Grow Up, You Want To: _____

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By signing below I certify that my child has permission to be at and participate in activities with the Nashua Police Athletic League.

- I understand that there is no fee for membership and that participation will only continue after a full review and compliance to all rules and regulations which exist.
- I understand that the program is not a licensed child care program any student participating in the program has the right to come and go from the program. No child can and will be forced to stay.
- I understand that there is a responsibility that my child may be injured as a result of participation. I give consent to the Nashua Police Athletic League to obtain medical treatment as deemed necessary.
- I agree that I will not hold the Nashua Police Athletic League, Nashua Police Department, nor their Officers, agents, volunteers, and/or employees liable for any incident incurred arising from their program.
- I fully understand that the program will not take responsibility for any items lost, damaged or stolen on premises or within any activity.
- I agree to support the program and its activities of Nashua Police Activity whenever possible.
- I understand that all rules of acceptance and participation in the program at equal for all members, without regard to race, age, sex, ability, or national origin.

I have read and understand all of the rules and regulations of the program. I have read the above and fully understand what is expected of all of its members.

Parent/ Guardian Signature

Date

Member Signature

Date

PARENTS/ GUARDIANS LOOKING TO BECOME VOLUNTEERS – PLEASE COMPLETE THE BELOW

Name: _____

Phone: _____

Best Time to Contact: AM PM

Hobbies/ Skills: _____