

HOWELL TOWNSHIP
POLICE ATHLETIC LEAGUE



P.O. Box 713 • 115 Kent Rd., Howell, NJ 07731
Phone: 732.919.2825 • Fax: 732.919.1212
www.howellpal.org

4th, 5th, 6th & 7th

Grade BOYS & GIRLS!

Soccer Skills Clinic and Games



Monday, July 9th - Thursday, July 12th

Howell Middle School South Fields
8:30 – 11:00

Coach Seiler – Middle School South Boys Soccer

Clinic will stress individual self-improvement drills,
competitions, and games!

Space is limited, so reserve your spot ASAP by contacting Coach Seiler at howellsportsclinic@yahoo.com. Registration deadline is Friday, June 22nd. Please complete registration form below and the PAL waiver form. **\$125 for the week.** Please make checks payable to **Howell P.A.L.**

**To receive up to date text messages about cancellations please text:
81010 with the message @pal-soccer**

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Student name: \_\_\_\_\_ Grade: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medications : \_\_\_\_\_

(PAL Office Use Only)

CHECK \_\_\_\_\_ CASH \_\_\_\_\_ AMT \_\_\_\_\_ RECEIVED BY \_\_\_\_\_

# HOWELL PAL PROGRAM PARTICIPATION WAIVER

**NOTE: THIS FORM MUST BE READ AND SIGNED BEFORE THE MEMBER IS ALLOWED TO TAKE PART IN ANY MIDDLE SCHOOL ACTIVITY. BY SIGNING THIS FORM, THE PARTICIPANT AND PARENT OR GUARDIAN AGREES THAT THEY HAVE READ THIS WAIVER.**

**Please Print**

**Sport or Activity:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

IN CONSIDERATION of my involvement in PAL sports and activities under the administration of the Howell Township Police Activities League I acknowledge that:

I risk bodily injury, including paralysis, dismemberment and death, and while the particular rules of my sport, equipment, personal training and discipline may reduce this risk, the risk of injury does exist, as does the risk of damage to or loss of property.

I knowingly and freely assume all risks, both known and unknown, even if arising from negligence of the above mentioned released party.

I willingly agree to comply with the stated and customary terms and conditions for participants, if however I observe any unusual or unnecessary hazard during my presence or participation, I will bring these incidents to the immediate attention of the nearest coach or advisor.

Individually, and on behalf of my heirs, those assigned as a personal representative, and next of kin, hereby: release, hold harmless and promise not to sue the Howell Township PAL or their officers, volunteers, staff, or sponsors. Further I and/or my parent/guardian "releases" liability of any of the fore mentioned to any and all injury and loss arising from my participation, whether caused by negligence or otherwise, except that which is the result of gross negligence or wanton misconduct.

I grant to the Howell Township PAL, its representatives and employees the right to take photographs of my child in connection with the above-identified activities. I also authorize the Howell Township PAL, its assigns and transferees the right to copyright, use and publish the same in print and/or electronically.

I agree that the Howell Township PAL may use such photographs of my child with or without their name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read this Release of Liability and Waiver of Agreement and fully understand its terms and sign it freely and voluntarily.

This signature is to certify that I, as a parent/guardian with legal responsibility for this participant, consent to the above mentioned and agree to his/her release, and also agree for myself/ourselves, my/our heirs, assigns and next of kin, to release and identify from all liability, incidents to my/our child's involvement as stated above.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_