

Billerica Police Athletic League - PO Box 21 - Billerica, MA 01821

Program Director - Officer Dale Sarno - 978-671-0900 x140

www.billericapal.org

Registration Form

Household Information		
Adult/Parent/Guardian First and Last Name		
Address		
Town	State	Zipcode
Home Phone	Cell Phone	Email
Secondary Adult/Parent/Guardian First and Last Name		
Address		
Town	State	Zipcode
Home Phone	Cell Phone	Email

Emergency Contact Information	
First and Last Name	Phone Number

Participant Information					
Name	Sex	DOB	Age	Grade	Program

This is to certify that the participants name above have my permission to participate in the program indicated above being conducted by the Billerica Recreation Department or its agents. I hold harmless any member of the Recreation Department or its agents from any injuries that might be sustained by a participant during the program. Further, this verifies that the participant is up to date with his/her immunizations and is able to participate in all activities. In the event of an injury, I grant permission to provide/acquire medical care of assistance.	
Signature of parent/guardian	Date