



Saturday Night Lights

Professional Sports Training • Advocate to Graduate

↓ PARTICIPANT INFORMATION			
Registration Date:			
First Name:		M.I.:	Last Name:
Street Address:			
City, State:		Zip Code:	
Home or Cell Phone Number: () -		Participated in SNL programs before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify:	
E-Mail (Please print clearly):		Date of Birth (MM/DD/YYYY): / /	Age:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Height: Weight:	Ethnicity: <input type="checkbox"/> African <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> White Other	
School:			Grade:
↓ PARENT / GUARDIAN INFORMATION			
First Name:		Last Name:	Relationship:
Street Address: <input type="checkbox"/> Same as above			
City, State:		Zip Code:	
Home Phone Number: () -		Cell Phone Number: () -	
E-Mail (Please print clearly):		Preferred Language:	
FOR DANY INTERNAL USE ONLY			
SNL Site: <input type="checkbox"/> PAL <input type="checkbox"/> WH <input type="checkbox"/> BGR <input type="checkbox"/> SCAN <input type="checkbox"/> POLO <input type="checkbox"/> CORSI <input type="checkbox"/> FRED SAMS <input type="checkbox"/> Randalls		Bounce League: <input type="checkbox"/> Yes <input type="checkbox"/> No	T-Shirt Size: _____
Sport: _____		Referral Source: _____	
FOR PAL INTERNAL USE ONLY			
Membership: <input type="checkbox"/> Returning <input type="checkbox"/> New Date Received:		PALtrax ID:	Entered by:



Main Office: 441 Manhattan Avenue NY, NY 10026
(212) 678-0647





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Consent to Participate

I give consent for my child, _____, (Participant DOB_____)
to participate in the following activities:

- Drill & Play (Basketball)
- Bounce League (Basketball)
- AllStarr Volleyball
- RBI Skills (Softball & Baseball)
- Tennis Clinics
- Soccer Skills
- Advocate to Graduate (Academic Case Management)

Parent/Guardian Initial_____

Medical Information

Medical/Physical Problems, Medication and/or Allergies: _____

I have disclosed all medical/physical conditions that would prohibit my child from participating in the Saturday Night Lights activities.

Medication Policy

It is the responsibility of the participant to ensure that required medication is taken when needed. SNL is not responsible for dispensing any medication or reminding any participant to take his/her medication.

Emergency Medical Release

If emergency medical care is required and my Emergency Contact cannot be reached, I give my consent to SNL to obtain the necessary medical care. I agree to pay all of the costs associated with the emergency medical care that my child receives. I understand that every effort will be made to reach my Emergency Contact before and after medical care is provided.

Parent/Guardian Initial_____

Photo/Video Consent

Please check one: I give permission... I do not give permission...

...for my child to be photographed or otherwise recorded and publicized when involved in a Saturday Night Lights authorized event.

Parent/Guardian Initial_____





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Consent to Obtain Records

Please check one: I give permission... I do not give permission...

...for Saturday Night Lights to access my child's school records through the New York City Department of Education's databases.

Parent/Guardian Initial_____

Participant Requirements

For safety, participants must:

- Be on time.
- Show respect for others, themselves and property.
- Listen to one another and be respectful while others are speaking.
- No profanity of any kind.
- No horseplay or fighting. Keep their hands to themselves.
- Remain in the building during programs hours.
- Cooperate with SNL and Site staff by following directions.
- No hats or doo-rags.
- Be responsible for their own personal belongings and valuables.
- Clean up after themselves.
- No weapons and illegal substances.
- Respect the rules of the program center.

Parent/Guardian Initial_____

Participant Initial_____

Limits to Confidentiality

Confidentiality: Any information requested is for our program's records only. We strive to keep your personal information private. However there are some instances where we cannot guarantee that confidentiality can be maintained. These include but are not limited to: suspected child abuse and/or neglect, risk to harm self and/or others and unlawful or criminal activities.

I acknowledge that I have read and understand the content of this form. I understand that this consent will be in effect as of the date of my signing this form.

Parent/Guardian's Signature_____

Parent/Guardian's Name (Print)_____

Date_____

