



Manchester Police Athletic League
Member Registration Form

MPAL Member

First Name: _____ Last Name: _____

Nickname: _____ Birthdate: _____ Gender: _____

Address: _____

Town/City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Race: White Black or African American American Indian or Alaska Native Asian
 Native Hawaiian or Other Pacific Islander

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Languages Spoken: _____

School: _____ Grade: _____

How did you hear about MPAL? _____

Programs of Interest:

- | | | |
|---|---|---|
| <input type="checkbox"/> Aikido (Age 8+) | <input type="checkbox"/> Cross-training (Age 14+) | <input type="checkbox"/> Vacation Programs |
| <input type="checkbox"/> Arm Wrestling (Age 8+) | <input type="checkbox"/> Jiu-Jitsu (Age 12+) | <input type="checkbox"/> Wrestling (Age 5+) |
| <input type="checkbox"/> Boxing (Age 10+) | <input type="checkbox"/> Judo (Age 5+) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Cooking (Age 8+) | <input type="checkbox"/> Special Events | |

Contact Person 1

Name: _____ Relationship to Member: _____

Address: _____

Town/City: _____ State: _____ Zip Code: _____

Phone Number (work): _____ Phone Number (cell): _____

Email Address: _____

Languages Spoken: _____

Contact Person 2

Name: _____ Relationship to Member: _____

Address: _____

Town/City: _____ State: _____ Zip Code: _____

Phone Number (work): _____ Phone Number (cell): _____

Email Address: _____

Languages Spoken: _____

The Manchester Police Athletic League is NOT an allergen-free facility.

If any information provided on this form changes, please notify the Manchester Police Athletic League.

Manchester Police Athletic League

409 Beech Street, Manchester, NH 03103 | 603-626-0211 | ManchesterPoliceAthleticLeague.org

Updated 8/21/2019



MANCHESTER POLICE ATHLETIC LEAGUE, INC.

Permission to participate; Release and Waiver of Liability, Permission to Use Photograph

The Manchester Police Athletic League, Inc. (the Owner) is the owner and operator of the MPAL/Officer Michael Briggs Community Center located at 409 Beech St., Manchester, NH (the facility). The Owner operates organized individual and team athletic and recreational activities at the facility, including but not limited to the sports of Boxing, Judo, Wrestling, Aikido (the “activities”). For and in consideration of being allowed to participate in the Activities, the undersigned agrees as follows:

1. I certify that I am/I am the parent/legal guardian of _____ (MPAL member), who desires to participate in the MPAL activities and understand and accept the condition that the Owner and it’s staff will not be held liable for any injuries which may occur during training at the Owner’s facility or being transported to or from any of the other locations where a MPAL activity/function occurs. I, the participant or parent/legal guardian of the participant, accept this risk and assume all liability and expenses incurred as a result of an injury, which takes place during an Owner activity/function. In the event of an injury, I give the Owner staff permission to provide or obtain medical care for a condition arising during participation in Owner activities/function, including medical or surgical treatment recommended by a medical doctor.
2. By my signature below, I grant permission for myself/my child to participate in any or all of the activities. I represent that I am/my child is physically fit and capable of participating in the Activities without medical restriction. I acknowledge and agree that participation in the Activities, and/or transportation to and from the Activities, by their nature and whether as a coach, player, referee, or in any other capacity, may be perilous and involves the substantial risk of serious personal injury and/or death or property damage to me/my child. By allowing myself/my child to participate in the Activities, I knowingly and voluntarily, for myself/my child, assume all such risks. I have made the following arrangements for medical and accident insurance to cover doctor and/or hospital bills which may be incurred as a result of injury to me/my child.
 _____ I am/My child is covered by a medical and accident insurance policy.
 _____ I do not have a medical or accident insurance policy to pay for a doctor and/or hospital bills in the event I am/my child is injured, and I agree to pay those bills out of my own funds.
3. For myself/myself and my child, I hereby release from liability, waive all claims against, discharge and covenant not to sue the Owner and/or its members, staff, officers, directors, agents, or employees (collectively, the “Releasees”) for any and all personal injury and/or death and/or property damage suffered by me/my child while I am/he or she is participating in any way in the Activities or otherwise within the Facility or upon the property upon which the Facility is located.
4. For myself/myself and my child, I hereby assume full responsibility for, and the risk of, bodily injury, death, or property damage suffered by me/my child caused by the negligence of any Releasee while I am/my child is participating in any way in the Activities or otherwise within the Facility or upon the property upon which the Facility is located.
5. I grant to the Owner, its representatives, employees, volunteers, and partners the right to take photographs of me/my child/my property in connection with the above-identified subject. I authorize the Owner, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that the Owner may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. I have read and understand the above.
6. I have fully read and voluntarily signed this release and Waiver of Liability, and further agree that no oral representations, statements, or inducements apart from foregoing written agreement have been made.

Signature _____ Date _____

Parent or legal guardian signature required if younger than 18.

Print Name of Signer _____

Office Use Only: Photo taken: | Card issued: | Entered in system by: _____ on date: _____

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Updated 8/21/2019



The following information will not be attached to your child's record. It is solely for collecting and analyzing in the aggregate to better understand our participants.

Overall my feelings toward police officers are:

- Positive
- Neutral
- Negative

Comments:

Annual Household Income:

- | | | |
|--|--|--|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$40,000 - \$44,999 | <input type="checkbox"/> \$75,000 - \$79,999 |
| <input type="checkbox"/> \$10,000 - \$14,999 | <input type="checkbox"/> \$45,000 - \$49,999 | <input type="checkbox"/> \$80,000 - \$84,999 |
| <input type="checkbox"/> \$15,000 - \$19,999 | <input type="checkbox"/> \$50,000 - \$54,999 | <input type="checkbox"/> \$85,000 - \$89,999 |
| <input type="checkbox"/> \$20,000 - \$24,999 | <input type="checkbox"/> \$55,000 - \$59,999 | <input type="checkbox"/> \$90,000 - \$94,999 |
| <input type="checkbox"/> \$25,000 - \$29,999 | <input type="checkbox"/> \$60,000 - \$64,999 | <input type="checkbox"/> \$95,000 - \$99,999 |
| <input type="checkbox"/> \$30,000 - \$34,999 | <input type="checkbox"/> \$65,000 - \$69,999 | <input type="checkbox"/> \$100,000 or more |
| <input type="checkbox"/> \$35,000 - \$39,999 | <input type="checkbox"/> \$70,000 - \$74,999 | |

Who lives with the child at home?

- Both parents
- Mother only
- Father only
- Mother and Stepfather
- Father and Stepmother
- Grandparent
- Guardian

How many siblings/step siblings live at home? _____

Total number of people in the household: _____

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