



Suffolk County P.A.L.  
**Junior Football Program**  
*Official COACHES Form*

7 8 7&8 9 10 11 12 13

(Circle one of the above)

1. ORGANIZATION \_\_\_\_\_
2. DIVISION     EAST     (circle one)     WEST
3. SEX     MALE     (circle one)     FEMALE
4. CELL PHONE NUMBER \_\_\_\_\_
5. BEEPER NUMBER \_\_\_\_\_
6. EMAIL ADDRESS \_\_\_\_\_



**ADULT REGISTRATION**

PDCS-2251a

PRINT OR TYPE

ALL INFORMATION MUST BE COMPLETED

LAST NAME		FIRST NAME	M.I.
ANY FORMER NAME OR ANY OTHER NAME BY WHICH YOU WERE KNOWN			
NUMBER AND STREET		OCCUPATION	
TOWN		STATE	ZIP
HOME TELEPHONE #		BUSINESS TELEPHONE #	
SOCIAL SECURITY #		BIRTH DATE	

MONTH/YEAR	
PROGRAMS	
CENTRAL RECORDS	CHECK DATE

**INFORMATION MAY BE USED FOR CHECK OF ARREST RECORDS, INCLUDING SEALED RECORDS, IF ANY, FROM WITHIN THE JURISDICTION OF THE SUFFOLK COUNTY POLICE DEPARTMENT. I AUTHORIZE THE RELEASE OF THIS INFORMATION DIRECTLY TO THE SUFFOLK COUNTY PAL.**

The Suffolk County Police Athletic League has adopted a zero tolerance policy for violence. This includes physical acts of violence, threats of violence or threatening behavior. A violation committed by any participant (player, coach, referee), parent, or fan, will result in immediate expulsion from the league and a fine to the organization from which he or she belongs.

Signature \_\_\_\_\_ Date \_\_\_\_\_