

FAST BREAK BASKETBALL ASSOCIATION, INC.

732-432-0048

Buddy Ball "PAL" Application

PLEASE PRINT CLEARLY and LEGIBLY

I hereby give my child permission to participate as a "PAL" in Fast Break Basketball Associations Buddy Ball program to a child of special needs during the upcoming season.

First Name: _____ Last Name: _____

Child's Date of Birth: ___/___/___ Sex: ___ Grade as of Sept: _____

School attending as of Sept.: _____

Lives with: ___ Father ___ Mother ___ Both ___ Other _____

Parents' Names: Father _____ Mother _____ Other _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Parents Cell Phone: _____ PAL Cell Phone: _____

E-Mail Address: _____

Session Plan on Attending: Session 1 (8:30 – 10:00am)

Session 2 (10:00 – 11:30am)

Session 3 (11:30am – 1:00pm)

Can we post your child's picture on our Facebook Fan Page: Yes No

(On Facebook, it is listed under Fast Break Basketball Buddy Ball)

Are you currently enrolled as a player in Fast Break for the current season?: _____

Have you ever been a Buddy/PAL in Fast Break Basketball before?: _____

If yes, please identify the years: _____

Have you ever been a Buddy/PAL in a different sports program? ___ Yes ___ No

If yes, please identify the program: _____

* Please see your Guidance Department for the volunteer forms if you are planning on using this program for you Community Service requirements.

AUTHORIZATION

Volunteers Signature: _____

Parent or Guardian Signature: _____ Relationship: _____

Date: _____