

FASTBREAK BASKETBALL ASSOCIATION, INC.

P.O. Box 426

East Brunswick, NJ 08816

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 athletic 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 _____ Cell Phone _____

E-Mail Address _____

Are you currently enrolled in Fast Break Basketball during the present season? _____

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 _____