



POLICE ACTIVITY LEAGUE OF NEW HAVEN INC.
1 UNION AVENUE, NEW HAVEN CT 06519

SGT. R. Ferrante
PAL DIRECTOR
203-675-6776
rferrante@newhavenct.gov

NHPD PAL Basketball Skills Clinic
Monday's & Wednesday's 5-7pm
September 12th – November 17th
Celentano School

REGISTRATION INFORMATION

For additional information or application please email

Rferrante@newhavenct.gov

Michael.claxton@yale.edu

Gregory.swiantek@yale.edu

TO REGISTER FOR CAMP, YOU MUST BRING THE FOLLOWING ON DAY 1:

- **COMPLETED CLINIC APPLICATION**





POLICE ACTIVITY LEAGUE OF NEW HAVEN INC.
1 UNION AVENUE, NEW HAVEN CT 06519

SGT. R. Ferrante
PAL DIRECTOR
203-675-6776
rferrante@newhavenct.gov

Location - Celentano School, 400 Canner St, New Haven, CT

About- PAL Basketball Skills Clinic is a free program which runs from Sept 12th-Nov 17th, 2022. PAL enhances community relationships between youth and law enforcement. It will run Monday and Wednesday evenings 5pm-7pm and is open to City of New Haven youth, ages 12-18 years old. Strict Covid-19 guidelines will be enforced for the safety of everyone and must be followed to attend this Clinic.

Transportation- PAL B-Ball Clinic will be Drop off/Pick up Only.

Drop off/Pickup policy –Clinic hours are 5pm-7pm. There is NO supervision before the clinic opens. Children must not be dropped off before 5pm. Children must be picked up promptly.

Staff-Police officers from the New Haven Police Department, Yale Police Department will serve as mentors throughout the clinic session and provide a fun and valuable athletic experience. Utilizing Officer's skillset to benefit, while promoting work ethic, team building, problem solving, discipline and commitment, members of PD will work with young athletes to build a fundamental skillset specifically in ball handling, shooting, passing and conditioning.

(Guardian's Initials)



POLICE ACTIVITY LEAGUE OF NEW HAVEN INC.
1 UNION AVENUE, NEW HAVEN CT 06519

SGT. R. Ferrante
PAL DIRECTOR
203-675-6776
rferrante@newhavenct.gov

Clinic Information and Policies:

Behavior – Behavioral problems include bullying, harassing other campers, disregarding camp rules, as well as other actions or words which disrupt activities. PAL staff will inform parents of any behavioral problems verbally. Repeated warnings may result in dismissal from PAL Clinic.

Dress- Athletic style attire. Shorts or pants, t-shirt and sneakers are mandatory. For Safety: **NO open toed shoes are permitted (flip flops, sandals, etc.)**



POLICE ACTIVITY LEAGUE OF NEW HAVEN INC.
1 UNION AVENUE, NEW HAVEN CT 06519

SGT. R. Ferrante
PAL DIRECTOR
203-675-6776
rferrante@newhavenct.gov

Clinic Information and Policies continued:

Electronic devices - PAL New Haven is not responsible for any electronic devices that are lost, broken or stolen including cell phones, iPads, iPods, etc. We do not have a secure place for your child's belongings. If possible, all electronic devices should be left home.

Photographs - Photographs and videos may be taken of your child during clinic activities to promote the PAL Program and used at the Police Departments discretion for informational purposes.

By registering for this clinic, you and your child agree to abide by the rules of PAL. You understand that attendance to PAL Clinic is based upon mutual respect and consideration Between athletes and staff.

(Parent's Signature & Date)



POLICE ACTIVITY LEAGUE OF NEW HAVEN INC.

1 UNION AVENUE, NEW HAVEN CT 06519

**SGT. R. Ferrante
PAL DIRECTOR**

**203-675-6776
rferrante@newhavenct.gov**

2022 PAL Skills Clinic Application

Child's name: _____

Address: _____

D.O.B. _____

Age: _____

Shirt Size: Youth/Adult (Circle) S M L XL XXL (Circle)

Has your child attended a PAL Program in the past? Please circle one: Y/N

What school does your child attend? _____

Grade completed: _____

Parent/Legal Guardian Name: _____

Address: _____

Cell Phone: _____ **Work Phone:** _____

Home Phone: _____ **Email Address:** _____

Allergies: _____

Medical Problems: _____

PARENT WAIVER OF LIABILITY/CONSENT:

This consent extends to all New Haven PAL Program attendees. I am aware that in any sport and or clinic activities, a risk of injury presents itself and hereby agree to hold harmless and indemnify the New Haven Police Department, Yale Police Department, Southern Police Department and University of New Haven Police Department, the owners and agents of all facilities, premises, and properties used for said activities, its employees, youth counselors and volunteers should any injuries or unusual incidents occur. My signature authorizes the rendering of any emergency treatment of my child(ren), should it be deemed necessary. I have read, understand and agree to the Waiver of Liability and consent. I also hereby grant the New Haven Police Department, Yale Police Department, Southern Police Department and University of New Haven Police Department permission to use any images of my child(ren) in its publications without payment or any other consideration. I understand that a needs assessment can be conducted as normal operating procedure and agree that my child will submit to such assessment. I also understand that my child(ren) may participate in physical activity.

PARENT SIGNATURE/CONSENT:

Parent's Name (print): _____

Parent's Signature: _____ **Date:** _____