



**ATTACH
CURRENT
PHOTO
OF CHILD**

Administrative Use Only

Date Received Initials

Date Entered Initials

Acceptance Letter Initials

BASKETBALL 2019-2020

CHILD'S NAME: _____ AGE: _____ DOB: _____

MALE FEMALE **T-SHIRT SIZE (PLEASE CIRCLE) YS YM YL AS AM AL AXL AXXL**

RACE: White, White-Hispanic, Black, Black-Hispanic, Asian, Native American, Other

ADDRESS: _____ PHONE #: _____
Street/Mailing Address City Zip Code

PARENT/GUARDIAN'S NAME: _____

HOME #: _____ WORK #: _____

CELL #: _____ E-MAIL: _____

SCHOOL _____ GRADE: _____

CHILD LIVES WITH: Two Parents, Mother, Father, Relatives, Non-Relatives, Foster Care, Other

IN CASE OF EMERGENCY CONTACT: _____

WHO MAY PICK UP CHILD? _____

LIST ANY ALLERGIES: _____

LIST ANY SPECIAL NEEDS: _____

IS CHILD CURRENTLY TAKING MEDICATION? Yes No

IF YES, LIST MEDICATION _____

WILL THE CHILD BE TAKING MEDICATION DURING THE DAY? Yes No

IF YES, LIST TIME TO ADMINISTER MEDICATION _____

PLEASE LIST OTHER SIBLINGS THAT ATTEND PAL ACTIVITIES: _____

HAS CHILD PARTICIPATED IN ANY OTHER PAL ACTIVITIES? Yes No

IF YES, LIST OTHER ACTIVITIES: _____

WHO REFERRED YOU TO THIS PROGRAM? Parent, Counselor, School, Other

Parent/Guardian Signature: _____ Date: _____



RELEASE OF LIABILITY & INDEMNITY

READ CAREFULLY BEFORE SIGNING

In consideration of _____ my minor child/ward being allowed to
(Child's name)
 participate in any way in the SEMINOLE COUNTY SHERIFF'S OFFICE-POLICE ATHLETIC LEAGUE (SCPAL) program, related events and activities, to be held at _____
(Location of event)
 sponsored by the Seminole County Sheriff's Office, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child from the activities involved in these programs is significant, including the potential of permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,
3. I willingly agree to comply with program's stated and customary terms and conditions for participation. AND NOTE THAT THE RULES ARE SUBJECT TO CHANGE IN THE EVENT OF BAD WEATHER AND/OR OTHER THINGS BEYOND THE CONTROL OF SCPAL. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official [or adult supervisor in the case of non-sports related events] immediately; and
4. I myself, my spouse, my child and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE SHERIFF, SCSO, ITS AGENT, DEPUTIES, OFFICERS, VOLUNTEERS, OR EMPLOYEES, THE OTHER PARTICIPANTS, SPONSORING AGENCIES, SPONSORS, ADVERTISERS, AND IF APPLICABLE, OWNERS AND LESSORS OF PREMISES USED TO CONDUCT THE EVENT ("Release"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.
6. I further grant the released parties the right to photograph and /or videotape said child or ward and further to use said child or ward's, name, face, likeness, voice and appearance in connection with exhibitors, publicity, advertising and promotional materials without reservation or limitation. The released parties are, however, under no obligation to exercise and right herein granted.



7. This agreement shall be governed by the laws of the State of Florida, and any legal action relating to or arising out of this agreement shall be commenced exclusively in the circuit court of the eighteenth judicial circuit in the and for Seminole County, Florida (or if such circuit court shall not have jurisdiction over the subject matter thereof, then to such other court sitting in said county and having subject matter jurisdiction). I certify I am 18 years of age or older and that I am entering in to this agreement as the parent or legal guardian for a minor that is under 18 years of age.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHT BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

 (PARENT/GUARDIAN SIGNATURE) (PRINT NAME) Date Signed: _____

UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulations, and accept them as a participant.

 (PARENT/GUARDIAN SIGNATURE) (PRINT NAME) Date Signed: _____



AUTHORIZATION FOR MEDICAL TREATMENT

I do hereby provide permission for any advisor of Seminole County Sheriff's Office-Police Athletic League to act on my behalf on all matters pertaining to the health and welfare of _____

(CHILD'S NAME)

and specifically to act in my/our behalf in caring for and/or authorizing medical, dental, surgical care and hospitalization

during the period of _____ while attending any
(ACTIVITY DATES)

function which is associated with the Seminole County Sheriff's Office-Police Athletic League.

INSURANCE INFORMATION

Insurance Company

Policy #

Phone #

Insurance Company

Policy #

Phone #

FAMILY PHYSICIAN INFORMATION

Physician's Name

Address

Phone #

Physician's Name

Address

Phone #

(PARENT/GUARDIAN SIGNATURE)

(PRINT NAME)

(DATE)



Dear PAL Parent,

During your child’s participation in their SCSO-PAL Program, our staff will be taking photographs that may have your child participating in various events. We would like to place them on our website and future brochure. We request your permission to use the photos for these purposes. This is a voluntary form. We appreciate your support of the Seminole County Sheriff’s Office Police Athletic League.

Thank you!

Sincerely,

Jessica Stronko

Jessica Stronko, Program Administrator
SCSO-PAL

SCSO-PAL Photo Release Form

I give permission for pictures of my child taken during the SCSO-PAL events, to be used on the Seminole County Sheriff’s Office Police Athletic League’s website and/or brochure.

Name of PAL Member _____

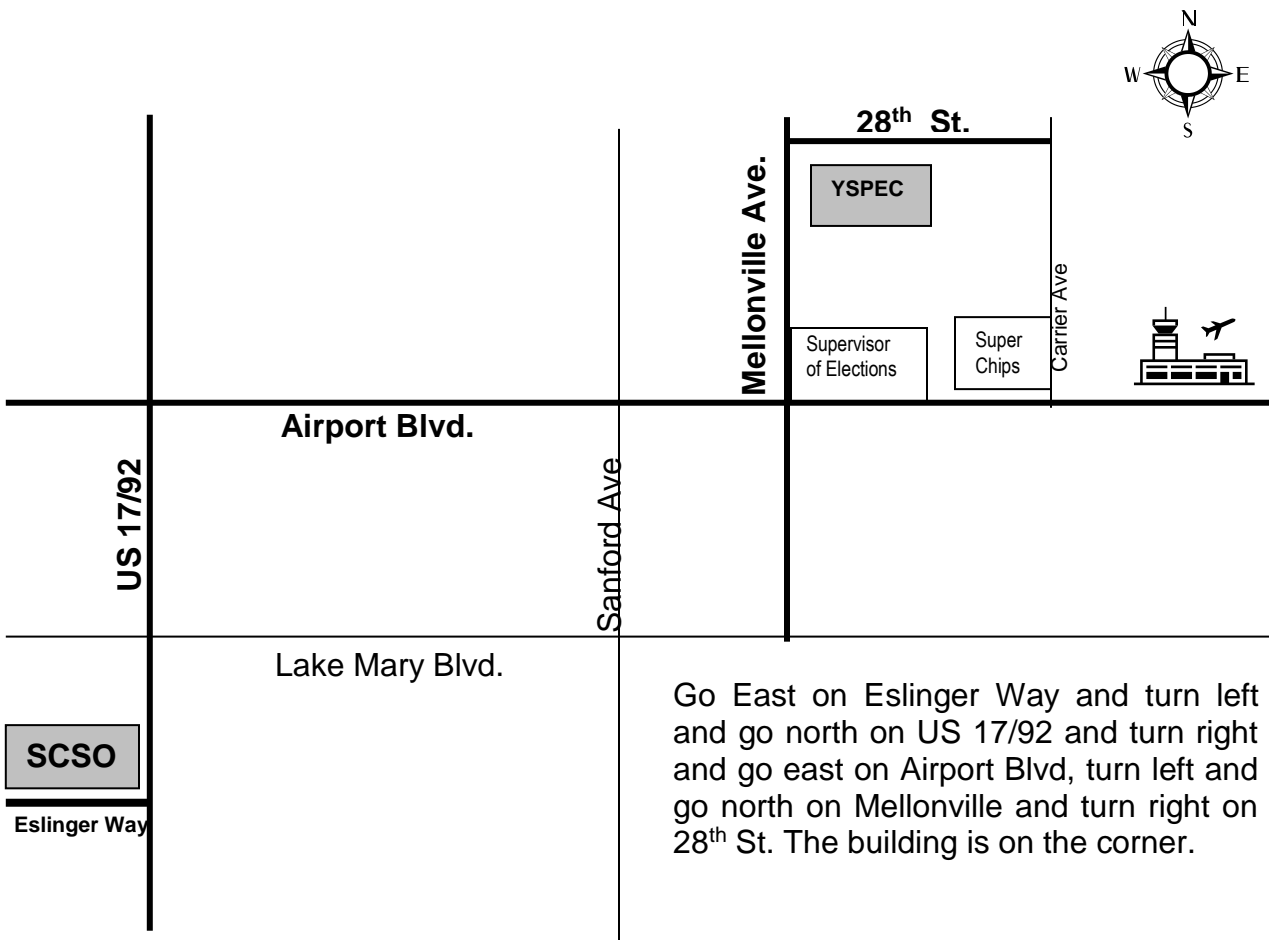
Parent / Guardian Name _____

Signature of Parent/Guardian

Date



Directions
From the Seminole County Sheriff's Office
To the Youth Services Prevention & Enforcement Center
1151 E. 28th Street
Sanford, FL 32773



Go East on Eslinger Way and turn left and go north on US 17/92 and turn right and go east on Airport Blvd, turn left and go north on Mellonville and turn right on 28th St. The building is on the corner.