**APPLICATION FOR PAL MEMBERSHIP**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SINGLE PARENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP:\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATIONSHIP: MOTHER FATHER OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOTHER’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FATHER’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Last First

EMAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THE PORT ORANGE POLICE ATHLETIC LEAGUE HAS THE RIGHT TO CANCEL ANY MEMBER THAT DOES NOT ABIDE BY THE RULES AND REGULATIONS SET FORTH BY THE P.A.L.

ALL MEMBERS MUST PROVIDE A COPY OF THEIR BIRTH CERTIFICATE AND A WAIVER OF LIABILITY OF INSURANCE MUST BE SIGNED PRIOR TO ACCEPTANCE BY P.A.L.

THE PARTICIPATION, PERMISSION AND EMERGENCY MEDICAL CARE PERMISSION/RELEASE MUST ALSO BE COMPLETED PRIOR TO BECOMING A P.A.L. MEMBER.

COST FOR MEMBERSHIP IS 15.00 FOR A PERIOD OF ONE YEAR FOR ALL PARTICIPANTS.

POLICE CHIEF THOMAS R. GRIMALDI

PRESIDENT PORT ORANGE P.A.L.

**POLICE ATHLETIC LEAGUE PARTICIPATION**

**PERMISSION AND EMERGENCY MEDICAL CARE PERMISSION/RELEASE**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GIVE PERMISSION AND CONSENT FOR MY SON/DAUGHTER

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO PARTICIPATE IN ALL ACTIVITIES, PRACTICES AND GAMES AS A MEMBER OF THE PORT ORANGE POLICE ATHLETIC LEAGUE. FURTHER, IN THE EVENT OF INJURY OR OTHER CONDITION WHICH NECESSITATES EMERGENCY MEDICAL TREATMENT FOR MY SON/DAUGHTER, I HEREBY GIVE MY PERMISSION AND CONSENT, IN MY ABSENCE, ANY TREATMENT AS MAY BE NEEDED OR CALLED FOR UNDER THE CIRCUMSTANCES.

DATE OF LAST TETANUS SHOT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PLEASE LIST ALLERGIES, PRESCRIPTIONS AND/OR MEDICATIONS BEING TAKEN AND OTHER INFORMATION YOU DEEM USEFUL TO MEDICAL PERSONNEL, SHOULD THE NEED ARISE.

(OPTIONAL) PLEASE LIST ANY ADDITIONAL INFORMATION REGARDING EXISTING MEDICAL CONDITIONS OR SPECIAL NEEDS. NOTE THAT BY EXECUTING THIS FORM, YOU ARE REPRESENTING THAT YOUR CHILD IS MEDICALLY CLEARED TO PARTICIPATE IN THIS ATHLETIC PROGRAM REGARDLESS OF ANY CONDITIONS SET FORTH HEREIN.

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNED BY DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WITNESSED BY DATE

**FLORIDA STATE AND THE PORT ORANGE ATHLETIC LEAGUE ASSOCIATION**

**WAIVER AND RELEASE OF LIABILITY**

IN CONSIDERATION OF BEING ALLOWED IN ANY WAY IN FLORIDA STATE AND PORT ORANGE POLICE AHTLETIC LEAGUE ASSOCIATION ATHLETIC/SPORTS PROGRAM, AND RELATED EVENTS AND ACTIVITIES, THE UNDERSIGNED:

1. AGREE THAT THE COACH WILL INSTRUCT THE PARTICIPANTS THAT PRIOR TO PARTICIPATING, HE OR SHE SHOULD INSPECT THE FACILITIES AND EQUIPMENT TO BE USED AND IF THE PARTICIPANT BELIEVES ANYTHING IS UNSAFE, HE OR SHE SHOULD IMMEDIATELY ADVISE HIS OR HER COACH OR SUPERVISOR OF SUCH CONDITION(S) AND REFUSE TO PARTICIPATE.
2. ACKNOWLEDGE AND FULLY UNDERSTAND THAT EACH PARTICIPANT WILL BE ENGAGED IN ACTIVITIES THAT INVOLVE RISK OF SERIOUS INJURY, INCLUDING PERMAMEMT DISABILITY AND DEATH, AND SEVERE SOCIAL ECONOMIC LOSSES WHICH MIGHT RESULT NOT ONLY FROM THEIR OWN ACTIONS, OR NEGLIGENCE BUT THE ACTION, INACTION OR NEGLIGENCE OF OTHERS, THE RULES OF PLAY OR THE CONDITION OF THE PREMISES OR OF ANY EQUIPMENT USED. FURTHER, THAT THERE MAY BE OTHER RISKS NOT KNOWN TO US OR NOT REASONABLY FORESEEABLE AT THIS TIME
3. ASSUME ALL THE FOREGOING RISKS AND ACCEPT PERSONAL RESPONSIBILITY FOR THE DAMAGES FOLLOWING SUCH INJURY, PERMANENT DISABILITY OR DEATH.
4. RELEASE THE PORT ORANGE POLICE ATHLETIC LEAGUE FROM ANY LIABILITY FROM THE USE OF MY SON’S/DAUGHTER’S PHOTOGRAPH OR REPRODUCTION THEREOF.
5. RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE THE FLORIDA STATE AND PORT ORANGE P.A.L. ASSOCIATION, ITS AFFILITIATED CLUBS, THEIR RESPECTIVE ADMINISTRATORS, AGENTS, COACHES, VOLUNTEERS, AND OTHER EMPLOYEES OF THE ORGANIZATION, OTHER PARTICIPANTS, SPONSORING AGENCIES, SPONSORS, ADVERTISERS AND IF APPLICABLE, OWNERS AND LEASERS OF PREMISES USED TO CONDUCT THE EVENT, ALL OF WHICH ARE HEREINAFTER REFERRED TO AS “RELEASEES” FROM ANY AND ALL LIABILITY TO EACH OF THE UNDERSIGNED, HIS OR HER HEIRS AND NEXT OF KIN FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES ON ACCOUNT OF INJURY, INCLUDING DEATH OR DAMAGE TO PROPERTY, CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. ANY AND ALL SUCH CLAIMS, SUITS, ACTIONS AND DEMANDS AGAINST THE FLORIDA STATE AND PORT ORANGE P.A.L. ASSOCIATION BEING HEREBY EXPRESSLY AND IRREVOCABLY RELEASED AND WAIVED REGARDLESS OF THE CAUSE.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT NAME OF PARENT OR GUARDIAN PRINT NAME OF PARTICIPANT

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN DATE

**OFFICIAL USE ONLY**

PERSONNEL RECEIVING APPLICATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AMOUNT RECEIVED $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CHECK #\_\_\_\_\_\_\_\_\_\_\_\_\_ CASH \_\_\_\_\_\_\_\_\_\_\_ WAIVED \_\_\_\_\_\_\_\_\_\_\_\_