**Administrative Use Only** Date Received Initials Date Entered **Acceptance Lette** 

LIST ANY SPECIAL NEEDS:

IF YES, LIST MEDICATION

DOES CHILD KNOW HOW TO SWIM?

IF YES, LIST OTHER ACTIVITIES:

IS CHILD CURRENTLY TAKING MEDICATION?

IF YES, LIST TIME TO ADMINISTER MEDICATION

WILL THE CHILD BE TAKING MEDICATION DURING THE DAY?

HAS CHILD PARTICIPATED IN ANY OTHER PAL ACTIVITIES?

PLEASE LIST OTHER SIBLINGS THAT ATTEND PAL ACTIVITIES: \_\_\_\_\_







Acceptance Letter Initials	FLORID	OF CH
EXPLORERS CADETS	<del></del>	_
CHILD' S NAME:	_	
MALE   FEMALE   T-SHIRT SIZE	SOCIAL SECURITY NUME	BER: XXX-XX-
RACE: White, White-Hispanic, Black, Black		
ADDRESS: Street/Mailing Address City	Zip Code	HONE #:
PARENT/GUARDIAN'S NAME:		
HOME #:		
CELL #:	E-MAIL:	
SCHOOL GRAI	DE: TEACHERS NA	ME:

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

☐ Yes

☐ Yes

☐ Yes

☐ Yes

☐ No

□ No

☐ No

□ No

WHO MAY PICK UP CHILD?

IN CASE OF EMERGENCY CONTACT:

LIST ANY ALLERGIES:

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							
participate in any LEAGUE program,	,					FICE-PC	LICE	E ATHLETIC
sponsored by the acknowledges, app		,		Office-Police	Athletic	League,	,	ation of event) undersigned

- 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 RELEASES 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 or my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE 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 extend 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.

INDUCEMENT.		
(PARENT/GUARDIAN SIGNATURE)	(PRINT NAME)	Date Signed:
UNDERSTANDING OF RISK	,	
		ved in participating in this program, my and regulations, and accept them as a
(PARENT/GUARDIAN SIGNATURE)	(PRINT NAME)	Date Signed:





# **AUTHORIZATION FOR MEDICAL TREATMENT**

I do herby provide permission for any adact on my behalf	visor of Seminole County Sh	eriff's Office-Police Athletic	League Day Camp to
on all matters pertaining to the health an	d welfare of		
	(Сні	D'S NAME)	
and specifically to act in my/our bel hospitalization	nalf in caring for and/or a	authorizing medical, dental	, surgical care and
during the period of			_while attending any
	(ACTIVITY DATES)		
function which is associated with the Ser	ninole County Sheriff's Office	∍-Police Athletic League.	
	INSURANCE INFORM	ATION	
Insurance Company	Policy #		Phone #
Insurance Company	Policy #		Phone #
FA	MILY PHYSICIAN INFO	RMATION	
Physician's Name	Address		Phone #
Physician's Name	Address		Phone #
(PARENT/GUARDIAN SIGNATURE)	(PRINT NAME)		(DATE)





Dear SCSO-PAL Parents,

During SCSO-PAL programs we will be taking photographs that may have your child participating in various events. We would like to place them on our website and future camp 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 Merck

Jessica Merck PAL Progr.

Jessica Merck, PAL Program Administrator SCSO-PAL

### SCSO-PAL Photo Release Form

I give permission for pictures of my child taken during the SCSO-PAL sponsored 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	_	
	<u> </u>	
Signature of Parent/Guardian	Date	





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

