



Police Athletic League
TAMPA

MEMBERSHIP APPLICATION; CONSENT and MEDICAL CERTIFICATION

PROGRAM: _____
AFTER-SCHOOL, SUMMER, FOOTBALL, SOCCER, BASKETBALL, MARTIAL ARTS, ETC.

MEMBER INFORMATION	Member Name: _____ <small>LAST FIRST MIDDLE</small>
	Address: _____ City _____ ZIP _____
	Phone: (____) _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____
	DOB: _____ Age _____
	SEX <input type="checkbox"/> M <input type="checkbox"/> F
	Race/Ethnicity <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> INDIAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> ASIAN
	MOTHER/GUARDIAN
	Name _____ Address _____ Phone _____
	Work _____ Address _____ Phone _____
	Occupation _____ Cell Phone _____
FATHER/GUARDIAN	
Name _____ Address _____ Phone _____	
Work _____ Address _____ Phone _____	
Occupation _____ Cell Phone _____	

As the parent(s)/guardian of the above named member in the Police Athletic League of Tampa, Inc., hereafter referred to as PAL, I/we hereby give consent for said member's participation in PAL programs.

I/we assume all risks and hazards incidental to such participation including transportation to or from activities, except to the extent of accident and liability insurance carried by PAL.

I/we do hereby further release, waive, absolve, indemnify and agree to hold harmless PAL, Tampa Police Department employees, organizers, sponsors, supervisors, participants and persons transporting the listed member to and from activities, from any claim arising out of an injury to the listed member, except to the extent of accident and liability insurance carried by PAL.

I/we do hereby agree to accept full responsibility for all equipment issued to the listed member and will replace any equipment lost or damaged with equal quality and value equipment except for normal wear and tear. I/we understand that membership and activity fees are not refundable.

In the event of any emergency situation relating to the listed minor child, and I am unavailable, I hereby give my consent to the medical staff of the nearest medical facility to administer emergency medical care as deemed necessary by the facility's medical staff until I can be notified.

LIABILITY RELEASE: I/WE AGREE THAT: In consideration of THIS PROGRAM, allowing myself or our child's participation in these activities, under the terms set forth herein, I or WE, the parents, for ourselves and on behalf of our child(ren) and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to hold harmless, release, and discharge PAL, its owners, officers, directors, agents, employees, representatives, assigns, members, owners of premises and affiliated organizations, and insurers, and others acting on its behalf (hereinafter, collectively referred to as "Associates"), of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to PAL's and/or ITS ASSOCIATES ordinary negligence; and I or WE, the parents, do further agree that except in the event of PAL's gross negligence and willful and wanton misconduct, We are hereby notified that there Is A Risk while participating in PAL activities, including Catastrophic Injury or Death and sign this release with full knowledge of this risk. "WE" (member/parent/legal guardian/family) shall not bring any claims, demands, legal actions and causes of action, against PAL, its Associates as stated above in this clause, for any economic and non-economic losses due to bodily injury, death, property damage, sustained by me and/or my minor child or legal ward in relation to the premises and operations of PAL, to include while riding in an approved PAL vehicle, playing any PAL sport, or otherwise while in the care, custody and control of PAL, or participating in any of the PAL activities, whether on or off the premises of PAL.

I release the rights to all photographic materials that PAL might use for promotional activities without obligation to me or my child.

Due to the open door policy of PAL, it is understood and agreed that all members may come and go as they desire. Therefore, PAL will not be held liable for your child leaving the building and/or grounds, nor will PAL be responsible for you child participating in any activity without your express or implied permission.

I fully understand and agree to all of the conditions stated on this form and have counseled my child to these rules and the authority of PAL Athletic Directors, coaches and personnel.

EMERGENCY CONTACTS

Name _____ Phone _____ Relationship: _____

Name _____ Phone _____ Relationship: _____

AUTHORIZED PICKUP

(OTHER THAN PARENT)

Name 1: _____ Phone _____

Name 2: _____ Phone _____

MEDICAL INFORMATION

Preferred Physician: _____ Phone: _____

Address: _____

Medical Condition(s) _____

Allergies _____

Medication(s) _____

Preferred Hospital: _____

Authorization for Emergency Medical Treatment

If my child, _____, should become ill or injured at, _____,
Child's Full Name Name of Facility

I understand that the Facility will: (1) Contact the person (s) I have designated if I cannot be reached.

Should the facility be unable to reach me and/or the person (s) designated, they are authorized to contact my child's physician and/or arrange for immediate medical treatment.

The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child.

I will accept responsibility for payment of medical services rendered.

Signature _____

Relationship _____

Date _____

Sworn to and subscribed before me this _____, day of _____, 20_____.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Print: _____

Participant Questionnaire

Child's Name: _____

Welcome to the Police Athletic League of Tampa! Since emotional and maturity levels of children vary from child to child and also parent's opinion as to the proper handling of their specific children, we are asking that parents complete the following survey. This will assist us in molding our program to your child's specific needs.

How is your child's swimming ability?

Non-Swimmer Poor Fair Good Excellent

Has your child ever wandered away from a group or event?

Yes No

Does your child make friends or have confidence in adult strangers easily?

Yes No

If attending a movie, what is the highest rating allowed?

PG PG13 R

What size T-shirt does your child wear _____ Child _____ Adult

Is PAL's staff allowed to apply sun screen or lotion as needed for out door activities?

YES NO If yes are there any special instructions? _____

List of child's previous After School \ Summer Programs _____

Please provide any information you care to that relates to your child, such as fears, basic personality, emotional needs etc. that might help us ensure they have a safe and enjoyable experience while at PAL.
