



Davie Police Athletic League
Participant Application
4300 s.w. 57th Terrace
Davie, FL 33314
(954)321-2561
www.daviepal.org

*NAME _____
*ADDRESS _____
*CITY _____
*PHONE _____
*E-MAIL _____
*DATE OF BIRTH _____
*AGE _____ *GRADE _____
*SCHOOL _____

*PLEASE FILL ALL LINES IN WITH *, OTHERWISE APPLICATION
WILL NOT BE ACCEPTED!*

*IN CASE OF EMERGENCY, CONTACT: (PLEASE PRINT)

*HOME# _____ *CELL# _____

<u>*FOR OFFICE USE ONLY*</u>	
<input type="checkbox"/> <u>Boxing</u>	_____
<input type="checkbox"/> <u>Basketball</u>	_____
<input type="checkbox"/> <u>Tutoring</u>	_____
<input type="checkbox"/> <u>Flag Football</u>	_____
<input type="checkbox"/> <u>Teen Mentors</u>	_____
<input type="checkbox"/> <u>Camp</u>	_____
(T-Shirt Size)	_____

REGISTRATION FEES AND VOLUNTEER HOURS

The Davie P.A.L. works diligently in trying to keep the administrative cost of our programs to a manageable fee. In order for us to do this we need all of our participants to provide an adult volunteer to share 5 (five) hours of community service with the P.A.L. during the course of the activity. Our P.A.L. volunteers are the backbone of our programs, and it's only with their assistance our we able to run such great programs.

Volunteer Name (Please Print)

Telephone

General Release

THE UNDERSIGNED PARTICIPANT AND OR, PARENT/GUARDIAN AGREE TO ENGAGE IN AND OR LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE P.A.L. USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERIT IN THIS ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR OR YOUR CHILDS RIGHT TO RECOVER FROM THE P.A.L. IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULT FROM THE RISKS THAT ARE A NATURAL PART OF THIS ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FROM, AND THE DAVIE P.A.L. HAS THE RIGHT TO REFUSE LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

*Participant Signature

*Parent/Guardian Signature (if minor)

*Date