

DAVIE POLICE ATHLETIC LEAGUE REGISTRATION FORM

LESSEE INFORMATION				PLEASE NOTE THE FOLLOWING POLICIES							
Last Name:		Firs Name:		Permit request must be submitted 7 days prior to the date of use All Fees subject to change with out notice The Davie Police Athletic league reserves the right to dismiss or expel any person from our programs or facilities for behavior that is detrimental to the programs and facilites. This includes, but is not limited to conduct that constitutes safety hazards, physical abuse, mental abuse and failure to comply with Town rules. This facility is a smoke free area.							
Address:											
City:	State:	Zip: 33314									
Cell Phone:		E-mail:									
PERMIT USE											
Room/Field Name:		Purpose of Use:									
Date(s)		Times									
Insur Certificate Required (circle one) YES please attach a copy of this form/ On File											
PERMIT TYPE		FEES	DEPOSIT	EMPLOYEE	DAVIE P.A.L. USE ONLY						
Basketball Gym	\$50 per hour	\$100	\$10 per Hour	FIELD OR ROOM	# HOURS	DEPOSIT	EMPLOYEE	TOTAL			
Basketball Court	\$50 per hour	\$100	\$10 per Hour	Basketball Gym/Court							
Community Room	\$50 per hour	\$100	\$10 per Hour	Community Room							
Community/Game Room	\$60 per hour	\$100	\$10 per Hour	Comm/Game Room							
Baseball Field	\$20 per hour	\$100	\$10 per Hour	Baseball Field							
Pavillion	\$100 for 3 hours	\$100	\$10 per Hour	Pavillion							
NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN READ THIS FROM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE DAVIE P.A.L. USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARICIPATING 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 CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE DAVIE P.A.L. IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE DAVIE P.A.L. HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN.				TOTAL REVENUE COLLECTED				\$_____			
				PAYMENT METHOD							
				RECEIVED BY							
				STAFF APPROVAL				X_____			
				DIRECTORS APPROVAL				X_____			
								THIS AGREEMENT WAIVES LEGAL RIGHTS, PLEASE CONSULT AN ATTORNEY IF YOU HAVE ANY QUESTIONS The UNDERSIGNED PARTICIPANT and/or his guardian, in consideration for the Davie Police Athletic League through it's recreation division for providing facilities, instruction and supervision while attending any event, scheduled by the Davie Police Athletic League does hereby:			

- 1) Assume all risk of damage or injury involved through participation in any activity planned by the Davie P.A.L.Or coordinated by the P.A.L. With any other persons
- 2) Request permission to participate in the activity with full knowledge that said activity could result in permanent damage or injury to me.
- 3) Agree to release, indemnify and hold harmless the P.A.L. and/or it's agents,officials,officers and employees from liability resulting from my participation in the activity
- 4) Specifically agree that any and all pictures, videos or images of my child during said activity shall be the sole property of the Davie P.A.L. to be used at their discretion.
- 5) Vehicles must be parked in a designated parking space, and that the Davie P.A.L. facility is a non smoking facility.

Lessee Name (Print) _____ Lessee Signature _____ Date _____