



- PARTICIPANT INFORMATION**
- INDIVIDUAL CONSENT FORM**
- EMERGENCY CONSENT/PICK-UP LIST**
- CONCUSSION WAIVER 2 PAGES**
- BLUE EMERGENCY CONTACT CARD**
- BIRTH CERTIFICATE**

Davie Police Athletic League



Participant Name _____ MALE FEMALE

Street Address _____

City _____ State _____ zip code _____

Participants Birth Date _____ Age _____ Grade _____

Home Phone _____ Cell Phone _____

Parents Name (if participant is under 18 years old) _____

Email Address _____ ID # (to be filled out by PAL staff) _____

Emergency Contact Name _____ Phone Number _____

- SPORT** Boxing Basketball Recreational Tutoring S.T.E.M. Soccer
 Youth Leadership Flag Football Indoor Soccer Spring Camp
 Summer Camp Winter Camp Travel Soccer

REGISTRATION FEES AND VOLUNTEER 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 that we are 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 RESULTS 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. THE UNDERSIGNED INDIVIDUAL (PARENT OR GUARDIAN IF UNDER 18 YEARS OF AGE) REPRESENTS THAT THE REGISTRANT IS IN GOOD HEALTH AND CAN PARTICIPATE AND HAS MY PERMISSION TO PARTICIPATE IN THE ABOVE ACTIVITY AND WITH PRIOR KNOWLEDGE OF THE PHYSICAL NATURE OF THE ABOVE LISTED ACTIVITY HEREBY INDEMNIFIES, HOLDS HARMLESS AND RELEASES THE DAVIE POLICE ATHLETIC LEAGUE, IT OFFICERS, DIRECTORS AND AGENTS OR EMPLOYEES FROM ANY AND ALL RESPONSIBILITY OR LIABILITY FOR INJURY TO THE PARTICIPANT THROUGH NEGLIGENCE OR OTHERWISE WHILE HE/SHE IS PARTICIPATING IN THE LISTED ACTIVITY. ANY AND ALL MEDICAL COVERAGE FOR INJURY TO THE PARTICIPANT SHALL BE THE RESPONSIBILITY OF THE PARTICIPANT'S PARENTS, GUARDIAN, OR PARTICIPANT (IF OVER THE AGE OF 18).

THE UNDERSIGNED INDIVIDUAL ALSO HEREBY GIVES PERMISSION TO THE DAVIE POLICE ATHLETIC LEAGUE AND THE DAVIE POLICE DEPT. TO USE PHOTOGRAPHS OF THE PARTICIPANT FOR THE PROMOTION OF THE DAVIE POLICE ATHLETIC LEAGUE EVENTS AND PROGRAMS.

Participant Signature Parent/Guardian Signature (if minor)

Date

DAVIE POLICE ATHLETIC LEAGUE

INDIVIDUAL CONSENT FORM AND RELEASE

WHEREAS, I, _____ hereby consent to participate in the recreational program sponsored by the Davie Police Athletic League. In consideration for the opportunity to participate in the events and recreational programs sponsored by the Davie Police Athletic League and transportation to and from the particular programs and events in the Police Athletic League van, I hereby agree to release and hold harmless the Davie Police Athletic League, it's officers, agents and employees against any loss, damage or expense that may be suffered by the Police Athletic League from any claims, actions or suits for any personal injury or damage to property sustained by reason or as a result of my participation in the recreational programs and events sponsored by the Davie Police Athletic League and the transportation to and from the particular locations of the various recreational programs and events.

I further understand that if I sustain any injury as a result of an accident while participating in any recreational program sponsored by the Davie Police Athletic League, I hereby consent to be treated by a local licensed medical facility at the request or direction of the Davie Police Athletic League officers or representative.

I hereby certify to the above-referenced information.

SIGNATURE OF PARTICIPANT DATE

SIGNATURE OF PARENT/GUARDIAN

DATE

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EMERGENCY INFORMATION & CONSENT

(One for each participant)

Athlete/Participant's Name _____

Address _____

Phone _____

Parent #1 _____ **Parent #2** _____

Address _____ **City** _____

State _____ **Zip** _____ **E-Mail** _____

Employer _____

Home # _____ **Work #** _____ **Cell #** _____

Emergency Contact _____ **Phone #** _____

Family Medical Insurance

Carrier _____ **Group** _____

Policy # _____ **Group #** _____ **ID #** _____

Family Physician Name _____

Address _____ **Phone #** _____

Allergies (List) _____

I/ We hereby grant consent to any and all health care providers designated by the Davie P.A.L. to provide my child _____ any necessary medical care as a result of any injury/illness. This consent includes First Aid and transportation to/from health care providers.

EMERGENCY INFORMATION & CONSENT

(One for each participant)

Please list the People allowed to pick-up your Child from the Davie P.A.L. Program. If a person is not listed here on this form and attempts to pick up your child they will be refused. If you need someone to pick up your child on a one time basis, you will need to send a written note stating the persons information and signed by you at the start of the program day. You will also need to call the Davie P.A.L. to inform us of this change.

Thank you for your cooperation in this matter.

PICK-UP LIST

NAME _____ **PHONE #** _____

NAME _____ **PHONE #** _____

NAME _____ **PHONE #** _____

NAME _____ **PHONE #** _____

PARENT SIGNATURE _____ **DATE** _____

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DAVIE POLICE ATHLETIC LEAGUE

Informed Consent about Concussions or Head Injuries

Effective July 1, 2012, Florida Statute 943.0438 requires the parent or guardian and the youth who is participating in athletic competition or who is a candidate for an athletic team to sign and return an informed consent that explains the nature and risk of concussion and head injury (including the risk of continuing to play after a concussion or head injury) each year before participating in athletic competition or engaging in any practice, tryout, workout, or other physical activity associated with the youth's candidacy for an athletic team.

The facts:

- ✓ A concussion is a brain injury
- ✓ All concussions are serious
- ✓ Concussions can occur without loss of consciousness
- ✓ Concussions can occur in any sport
- ✓ Recognition and proper management of concussion when they first occur can help prevent further injury or even death

What is a concussion? A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a "ding", "getting your bell rung", or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost, even if they do not directly hit their head.

To help recognize a concussion, you should watch for the following things among your athletes:

1. A forceful blow to the head or body that results in rapid movement of the head
2. Any change in the athlete's behavior, thinking, or physical functioning
3. Signs or symptoms of concussion that may be reported by a coach or other observer:
 - a. Appears dazed or stunned
 - b. Is confused about assignment or position
 - c. Forgets sports plays
 - d. Is unsure of game, score or opponent
 - e. Moves clumsily
 - f. Answers questions slowly
 - g. Loses consciousness (even briefly)
 - h. Can't recall events prior to hit or fall
4. Signs and symptoms that may be reported by the player:
 - a. Headache or pressure in the head
 - b. Nausea or vomiting
 - c. Balance problems or dizziness
 - d. Double or blurry vision
 - e. Sensitivity to light
 - f. Sensitivity to noise
 - g. Feeling sluggish, hazy, foggy, or groggy
 - h. Concentration or memory problems
 - i. Confusion
 - j. Does not feel right

Both parents/guardians and players are advised to take the Center for Disease Control's free online concussion training [HERE](http://www.cdc.gov/concussion/HeadsUp/Training/HeadsUpConcussion.html). <http://www.cdc.gov/concussion/HeadsUp/Training/HeadsUpConcussion.html>.

Under Florida law, this player who has suspected concussion or head injury must be removed from play or practice. Before the player may return to practice or competition a written medical clearance to return stating that the youth athlete no longer exhibits signs, symptoms, or behaviors consistent with a concussion or other head injury must be received from an appropriate health care professional trained in the diagnosis, evaluation, and management of concussions. In Florida, an appropriate health-care professional (AHCP) is defined as either a licensed physician (MD, as per Chapter 458, Florida Statutes), a licensed osteopathic physician (DO, as per Chapter 459, Florida Statutes), a licensed physician's assistant under the supervision of a MD/DO (as per Chapters 458.347 and 459.022, Florida Statutes) or health care professional trained in the management on concussions.

I have read and understand this consent form, and I volunteer to participate.

Player Name _____

Signature _____ Date: _____

As a parent or guardian, I have read and understand this consent form and I give permission for my child, named above, to participate.

Parent/Legal Guardian Name _____

Signature _____ Date: _____