



Davie Police Athletic League Participant Application

NAME _____

ADDRESS _____

CITY _____

PHONE _____

DATE OF BIRTH _____

AGE _____ GRADE _____

SCHOOL _____

IN CASE OF EMERGENCY, CONTACT: (PLEASE PRINT)

HOME _____ CELL _____

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 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.

Participant Signature

Parent/Guardian Signature (if minor)

Date

ACTIVITY

- Boxing _____
- Faster, Stronger, _____
- Basketball-Recreational _____
- Tutoring _____
- Flag Football _____
- S.T.E.M. _____
- Youth Leadership _____
- Other _____



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

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.

Parent Signature #1 Parent Signature # 2

Date



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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