



MIAMI PAL PARTICIPANT APPLICATION

PAL ACTIVITY _____

All information MUST be completed properly, otherwise the application will not be processed.

CONTACT INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____ Male or Female (circle)

Date of Birth: _____ Race (Circle) Black Hispanic White American Indian Other

Address: _____ City: _____ State: _____ Zip Code: _____

Current School: _____ Grade: _____

PARENT CONTACT INFORMATION

1st Parent Name: _____ Phone Number: _____ Alternate Number: _____

2nd Parent Name: _____ Phone Number: _____ Alternate Number: _____

Emergency Contact: _____ Phone Number: _____

Email Address: _____ Alternate Email Address: _____

PAL PARTICIPANT RELEASE

I (we) _____ authroize my (our) child _____ to come and go by themselves in and out of the Miami Police Athletic League program and activities

I (we) _____ DO NOT authorize my (our) child _____ to come and go by themselves in and out of the Miami Police Athletic League program and activities I understand that I will be responsible for dropping and picking them up on time. If name of persons is left blank, Miami PAL may relase your child to anyone your child can recognize

Parent/Guardian Name _____ Signature: _____ Date: _____

Name of Persons my child may be released to:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

Name of Persons my child may not be released to :

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |



MEDICAL INFORMATION

PAL PARTICIPANT MEDICAL INFORMATION

Do you have any major illness/injury? _____

Are you allergic to any medication? _____

Are you under care of a physician? _____

Are you taking any special medication? _____

Do you have any physical limitations? _____

Do you have any physical disabilities? _____

Insurance Carrier: _____ Policy # _____

Physicians Name: _____ Contact Number: _____

MEDICAL RELEASE

I (we) _____ hereby grant consent to any and all health providers designated by Miami Police Athletic League to provide my (our) child _____ any necessary medical care as a result of injury/illness. This consent includes First Aid and transportation to and from health care providers.

Parent/Guardian Name (Print) _____

Parent Signature _____ Date: _____



PLEASE READ CAREFULLY BEFORE SIGNING

In consideration of _____, my(self) minor child/ ward being allowed to participate in any way in the Miami Police Athletic League program related events and activities to be held at any location, sponsored by the Miami Police Athletic League, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury to my(self) child from the activities involved in these programs is significant, including the potential of permanent disability and death and while particular rules, equipment and personal discipline may reduce the risk the risk of serious injury does exist; and
2. FOR MYSELF, SPOUSE AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISK, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF RELEASEES or others, and assume full responsibility for my (self) child's participation; and
3. I willingly agree to comply with the program's stated and customary terms and conditions for participation. AND NOTE THAT RULES ARE SUBJECT TO CHANGE IN THE EVENT OF BAD WEATHER AND/OR OTHER THINGS BEYOND THE CONTROL OF THE MIAMI POLICE ATHLETIC LEAGUE. If I observe any unusual significant concern in my(self) child's readiness for participation and/or in the program itself, I will remove my(self) child from participation and bring such attention of the nearest official (adult supervisor in the case of non-sports related events immediately; and
4. I myself, spouse, my child and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE other participants sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the program's related events and activities, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my (self) child's involvement or participation in these program's, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself, my spouse, my child and behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNITY AND HOLD HARMLESS all the above Releases from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.
6. I further grant released parties the right to photograph and/or videotape said child or ward and further to use to said child or ward's name, face likeness, voice and appearance in connection with exhibitors, publicity advertising and promotional materials without reservation or limitation. The released parties are, however, under no obligation to exercise said rights herein granted
7. I certify that I am 18 years of age or older and that I am entering into this agreement as the parent or legal guardian for a minor that is under 18 years of age.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS ITEMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGNING IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

1ST PARENT/GUARDIAN NAME: _____ SIGNATURE: _____ DATE: _____

2ND PARENT/GUARDIAN NAME: _____ SIGNATURE: _____ DATE: _____

UNDERSTANDING OF RISK:

I understand the seriousness of risks involved in participating in this program, my personal responsibilities of adhering to rules and regulations and accept them as a participant.

Print Participant Name: _____ SIGNATURE: _____ DATE: _____