 **FLAGLER SHERIFF’S P.A.L.**

Office Use Only

Activity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_Cash \_\_\_\_\_\_\_ Check#\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEMBERSHIP APPLICATION AND WAIVER

**Participant Information**

**First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI\_\_\_\_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_**

**Sex\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Shirt size: YS YM YL AS AM AL AXL**

**Medical Information**

**Does Your Child have any special medical needs? \_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_No If Yes please explain below**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/ Guardian please write legibly**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email (PAL use only) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship to Participant: Mother Father Grandparent Other**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_**

**Home # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact if other than Parent/ Guardian**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Participant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent / Guardian Authorizations & Acknowledgements Please Initial**

We are not responsible for any personal items that are lost / stolen or broken if brought to our programs\_\_\_\_\_\_\_\_\_\_\_\_\_.

I understand that my child’s membership can be suspended or revoked should their behavior warrant such action \_\_\_\_\_\_\_\_\_\_\_\_.

I understand that I am responsible for payment of any damages my child may incur. Membership can be suspended until payment is received\_\_\_\_\_\_\_\_\_\_\_.

State Mandated Reporters of Child Abuse and Neglect. I understand that state law mandates FSPAL to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The Flagler Sheriff’s P.A.L. is a 501c (3) corporation dependent upon grant funding and donations in order to provide programs for the children. We are obligated to ask certain questions regarding participant’s ethnicity. Any and all information is confidential for our records. Please check appropriate box

\_\_\_White/Caucasian \_\_\_ African American \_\_\_Hispanic \_\_\_Asian \_\_\_ Alaska Native \_\_\_American Indian \_\_Other

FREE / Reduced Lunch \_\_\_\_ YES \_\_\_\_NO Have you previously been a PAL member? \_\_\_\_YES \_\_\_\_NO

**Consent and Release from Liability/Medical/ Media**

Parental/Guardian Consent, Acknowledgement and Release

A. I hereby give consent for my child to participate in any FSPAL recognized or sanctioned sport/club. I agree to follow the rules of the FSPAL sports/club leagues and to abide by their decisions and policies. I know that my child’s athletic participation is a privilege.

B. I know of, and acknowledge that my child knows of, the risks involved in athletic participation. I understand that serious injury, including the potential for a concussion, and even death, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for his/her safety and welfare while participating in FSPAL athletics, with full understanding of the risks involved.

C. With full understanding of the risks involved, I hereby release and hold harmless FSPAL, the sports associations against which it competes, the county recreation and parks facilities and personnel, the contest officials, the coaches, and the league’s volunteer staff of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against any of the aforementioned because of any accident or mishap involving athletic participation or exhibition.

D. I authorize emergency medical treatment for my child should the need arise for such treatment while my child is under the supervision of any FSPAL coach or volunteer staff. I hereby authorize the use or disclosure of individually identifiable health information should treatment for illness or injury become necessary.

E. I consent to the disclosure, upon FSPAL’s request, and hereby grant to FSPAL the right to review all records relevant to my child’s athletic eligibility including, but not limited to, his/her records relating to enrollment and school attendance, age, discipline, finances, residence and physical fitness.

F. I hereby grant the Flagler Sheriff’s PAL to use the images of my child, such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and / or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Flagler Sheriff’s Police Athletic League website.

G. I understand that the authorizations and rights granted herein are voluntary and that

I may revoke any or all of them at any time by submitting said revocation in writing to FSPAL, by doing so; however, I understand that my child will no longer be eligible for participation in FSPAL athletics/ events.

**I do not agree to letter \_\_\_\_\_\_\_ in the Consent and Release from Liability. \_\_\_\_ Parent Initials \_\_\_\_\_\_\_\_\_\_\_Date**

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_