



West Volusia Police Athletic League Registration Form

"Training for Life"
2016

West Volusia Police Athletic League reserves the right to remove any participation in sponsored activities for violation of the rules and regulations set forth by PAL or its member agencies.

Activity _____

Participant Information:

Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Race _____ Sex _____ DOB _____

Parent / Guardian Information: Email: _____

Name _____

Relationship to Participant _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Cell phone _____

IN CASE OF EMERGENCY CONTACT:

Name _____ Relationship _____

Address _____ Telephone _____

I _____ give my permission for _____ to participate in activities sponsored by the West Volusia Police Athletic League.

MEDICAL RELEASE AND CONSENT FOR TREATMENT

In the event of injury or other conditions arising from activities while participating as a member of West Volusia PAL, which necessitates emergency medical treatment for the minor named herein, I do hereby give consent and permission in my absence for any treatment, which may be needed, as called for by the circumstances.

WAIVER OF LIABILITY

I do hereby intend to be legally bound and, for myself, executors and administrators do waive, release and forever discharge any and all rights and claims for damages against

West Volusia PAL, including any claim for loss, damages or injury to the person or property of the minor named herein, arising out of his/her performance or failure of performance while participating as a member in a sponsored activity of WVPAL.

PHOTO/MEDIA RELEASE:

I acknowledge, understand, consent and permit my child as a participant in the WVPAL programs and events that involve interviewing, photographs, videotaping, publicity activities while participating in PAL programs and events.

SCHOOL RECORDS RELEASE STATEMENT:

I give my consent for my son's / daughter's / ward's school records to be accessed by the West Volusia PAL through the Volusia County School system. This is to enable the WVPAL staff to gather data for program effectiveness, financial and academic eligibility.

TRIP PERMISSION FORM:

I give permission for my child _____ to participate in any WVPAL program trip(s) whereby his/her participation in a designated away competition / event is scheduled. I understand that I will receive advanced notice of these field trips and the specific details as they relate to that event.

Only a legal guardian and/or parent may register and sign this form. By signing below, I acknowledge that I understand and agree to all of the above. In addition, I certify that I am the legal guardian and/or parent of this applicant.

Date: _____

SIGNED: _____
(Parent or Guardian)

| |
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| Registration fee: _____ Cash _____ Check# _____ Received: _____ |
|---|

Witness: _____
(PAL Staff)

NO REFUNDS AFTER CHILD BEGINS PARTICIPATING IN WVPAL ACTIVITIES

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| <p><u>FOR AN OATH OR AFFIRMATION:</u> STATE OF FLORIDA COUNTY OF _____ Sworn to (or affirmed) and subscribed before me this ____ day of ____, 20____, by (name of person making statement). (Signature: _____) (Name of Notary: _____) (NOTARY SEAL) Personally Known _____ OR Produced Identification _____ Type of Identification Produced _____</p> |
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|--------------------------|
| <p>Attach Photo Here</p> |
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The West Volusia Police Athletic League has the **right to cancel my participation** in sponsored activities **if I do not abide by the rules** and regulations set forth by PAL or its member agencies.

Date: _____ **SIGNED BY PARTICIPANT:** _____