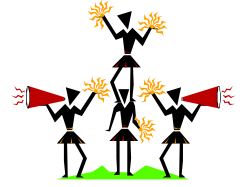




# New Smyrna Beach PAL

## Cheerleaders



New Smyrna Beach Police Department, 1400 N. Dixie Freeway, NSB  
386-424-2263 (Det. David Adkins)

~~~~~

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ M \_\_\_ F \_\_\_ Age \_\_\_\_\_

Parents/ Guardians \_\_\_\_\_ (Cheer & Football) Weight \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City & Zip \_\_\_\_\_ Other Phone \_\_\_\_\_

Grade \_\_\_\_\_ Shirt Size \_\_\_\_\_ FEE \$40.00 Paid: Yes \_\_\_\_\_ No \_\_\_\_\_

Email Address: \_\_\_\_\_

- **Registration Fee: \$40 (checks payable to NSB PAL)**
- **Ages: 7 – 14 years old**

**I AM INTERESTED IN ASSISTING WITH FUNDRAISING OR COACHING (circle one) YES NO**

*Drop off registration form from 8 – 4:30 p.m., Monday - Friday  
at the New Smyrna Beach Police Department.*

**NEW PAL MEMBERS:** Please fill out the "Membership Application Form" found on [www.nsbpal.com](http://www.nsbpal.com), the "FORMS" link.  
The application can be notarized at the PD. Bring birth certificate and application ask for Doris Mills.

**WAIVER AND RELEASE:** Please read this form carefully and be aware that when registering your minor child/ward for participation in the above program, you will be waiving and releasing all claims for injuries your minor child/ward might sustain arising out of the above program. Please list any previous injuries, conditions or special needs about which the staff should be aware.

I recognize these are inherent rules in all recreation programs and I agree to assume the full risk of any injuries, damages or loss regardless of severity that my minor child/ward may sustain as a result of participating in any and all activities connected with our associated with such program. I agree to waive and relinquish all claims, my minor child/ward or I may have as result of participating in the program, against, New Smyrna Beach Police Department, Volusia County School Board, the City of New Smyrna Beach, and New Smyrna Beach Police Athletic League, their officers and volunteers. I do hereby full release and discharge the aforementioned entities and their officers and volunteers from any and all claims from injuries, damages or loss which my minor child/ward or I may have accrue to me or my minor/ward arising out of, connected with, or in any way associated with the activities or the program(s), to include all claims arising out of, connected with or in any way associated with the activities of the transportation service, including, but not limited to boarding, exiting and transporting. In the event of any emergency, I authorize officers and volunteers of New Smyrna Beach Police Athletic League, New Smyrna Beach Police Department, Volusia County School Board, the City of New Smyrna Beach to secure them any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my minor child/ward immediate care and agree that I will be responsible for payment of any and all medical services rendered. Online or fax waiver signatures received for program registrations are considered as good as an original document for legal purposes. I have read and fully understand the above program details, waiver and release of all claims and permission to secure treatment and execute this waiver and with all releases voluntarily.

Parent/Guardian or Adult Participant Signature \_\_\_\_\_ Date: \_\_\_\_\_