



NAME \_\_\_\_\_  
 Last, First M.I.

**NEW SMYRNA BEACH POLICE ATHLETIC LEAGUE**

**APPLICATION CHECKLIST**

1. \_\_\_\_\_ Notarized Release of Liability & Indemnity
2. \_\_\_\_\_ Emergency Information & Consent Form
3. \_\_\_\_\_ **Copy of Birth Certificate from the Office of Vital statistics**

**\*\* For all new PAL membership. We'll place this info on file for one year.**

**CONSENT TO BE PHOTOGRAPHED**

**PLEASE INITIAL CHOICE**

\_\_\_\_\_ I **GIVE** MY PERMISSION FOR MY SON/DAUGHTER

\_\_\_\_\_ I **DO NOT GIVE** MY PERMISSION FOR MY SON/DAUGHTER

\_\_\_\_\_ CHILD'S NAME

TO BE PHOTOGRAPHED AND TO HAVE THE PICTURES APPEAR IN ANY MEDIA COVERAGE FOR THE POLICE ATHLETIC LEAGUE OF NEW SMYRNA BEACH, INC. ACTIVITIES.

\_\_\_\_\_ PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_ DATE

\_\_\_\_\_ PRINT NAME



**EMERGENCY INFORMATION & CONSENT**  
**(One For Each Youth- retained by PAL)**  
**Updated August 18, 2010**



**Athlete /Participant's Name** \_\_\_\_\_ **M** \_\_\_\_\_ **F** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_ **B/D** \_\_\_\_\_

**Phone (Home)** \_\_\_\_\_ **(Cell)** \_\_\_\_\_ **(Other)** \_\_\_\_\_

**Parent/ Guardian's Name:** \_\_\_\_\_

**Address (if different from above):** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Employer** \_\_\_\_\_

**Family Medical Insurance:**

**Carrier** \_\_\_\_\_ **Group** \_\_\_\_\_

**Policy#** \_\_\_\_\_ **Group#** \_\_\_\_\_ **ID#** \_\_\_\_\_

**Family Physician Name** \_\_\_\_\_ **Address** \_\_\_\_\_

**Phone ( )** \_\_\_\_\_ **Alt.#** \_\_\_\_\_

**Allergies (list):** \_\_\_\_\_ **Serious Medical Condition:** \_\_\_\_\_

I/we hereby grant consent to any and all health care providers designated

by New Smyrna Beach Police Athletic League (PAL) to provide  
 (Sports organization name)

my child \_\_\_\_\_ any necessary medical care  
 (Name)

as a result of any injury/illness. This consent includes First Aid and transportation  
 to/from health care providers.

\_\_\_\_\_ Date

\_\_\_\_\_ Parent/ Guardian's Signature



**RELEASE OF LIABILITY & INDEMNITY**

**READ CAREFULLY BEFORE SIGNING**

In consideration of \_\_\_\_\_ my minor child/ward or  
(name) (õmy childö) \_\_\_\_\_ (≠MYSELFö)  
(parent/guardian name)

being allowed to participate in any way in the STATE OF FLORIDA ASSOCIATION OF POLICE ATHLETIC/ACTIVITES LEAGUES (SFAPAL) / NSB PAL program, related events and activities, to be


held at \_\_\_\_\_,  
(Location of event)

sponsored by the State of Florida Association of Police Athletic/Activities Leagues, Incorporated (SFAPAL), and/or New Smyrna Beach Police Athletic League (PAL), the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my 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 this risk, the risk of serious injury does exist; and
2. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my 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 THE RULES ARE SUBJECT TO CHANGE IN THE EVENT OF BAD WEATHER AND/OR OTHER THINGS BEYOND THE CONTROL OF SFAPAL / NSB PAL. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official [or adult supervisor in the case of non-sports related events] immediately; and
4. I myself, my 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 event (õReleaseö), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees 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 the released parties the right to photograph and/or videotape said child or ward and further to use 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. This agreement shall be governed by the laws of the State of Florida, and any legal action relating to or arising out of this agreement shall be commenced exclusively in the circuit court of the fourth judicial circuit in and for Volusia County, Florida (or if such circuit court shall not have jurisdiction over the subject matter thereof, then to such other court sitting in said county and having subject matter jurisdiction). I certify 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 TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Please Do not sign until in front of a notary.



X \_\_\_\_\_ ----- \_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE) (PRINT NAME)

Date Signed: \_\_\_\_\_

**UNDERSTANDING OF RISK**

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

***A Parent/Guardian may sign for child on this form (please make sure to sign the participants name and not your own).***

X \_\_\_\_\_ \_\_\_\_\_ Date Signed: \_\_\_\_\_  
(PARTICIPANT SIGNATURE) (PRINT NAME)

**THIS FORM IS VALID FOR ONE YEAR FROM THE DATE SIGNED. THIS FORM IS USED FOR ALL SFAPAL EVENTS and NEW SMYRNA BEACH PAL EVENTS.**

**Notary Seal:**

Date Notary's Commission expires: \_\_\_\_\_

Notary's Signature: \_\_\_\_\_

Date form Notarized: \_\_\_\_\_

\_\_\_\_\_ is known to me.

**Or**

**Signees ID information:** \_\_\_\_\_ (picture ID, license number)

Rev. 10/21/10