



New Smyrna Beach Youth Leadership Program



New Smyrna Beach Police Department, 246 Industrial Park Av, NSB
386-424-2263 (Officer Jennifer Fike Mongosa) jmongosa@cityofnsb.com
www.nsbpal.com

Child's Name _____ Birth Date _____ M _____ F _____ Age _____

Parents/ Guardians _____

Address _____ Phone number _____

City & Zip _____ Text Phone _____

Email address: _____

Grade ___ Shirt Size ___ youth ___ adult Cost \$ **FREE** [Donations can be made at www.nsbpal.com](http://www.nsbpal.com)

I am interested in being: Booster Parent _____ Mentor _____ PAL Board member _____.

Drop off registration form At Babe James Community Center, 201 N Myrtle Av, New Smyrna Beach, FL or email to jmongosa@cityofnsb.com.

Your Child will need a pair of black dress slacks

The youth leaders participate in community service projects and fundraisers.

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 a releasing all claims for injuries you 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 of. By signing this form, I give the City of New Smyrna Beach and New Smyrna Beach Police Athletic League permission to publish or use video images, photographic portraits or pictures of child participating in the program, along with my name, for art, advertising, trade, public information or any other lawful purpose. 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 or I may have as a 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 of 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 _____

The Volusia County School Board is not affiliated with this event in any manner, nor do they endorse or assume any responsibility for any activities, which may occur in connection with it.