



# Police Athletic League TAMPA

## MEMBERSHIP APPLICATION; CONSENT AND MEDICAL CERTIFICATION

PROGRAM: \_\_\_\_\_  
AFTER-SCHOOL, SUMMER, FOOTBALL, SOCCER, BASKETBALL, MARTIAL ARTS, ETC.

MEMBER INFORMATION	Member Name: _____	
	LAST	FIRST
	Address: _____ City _____ ZIP _____	
	Phone: (____) _____	Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____
	DOB: _____ Age _____	SEX <input type="checkbox"/> M <input type="checkbox"/> F Race/Ethnicity <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> INDIAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> ASIAN
	<b>MOTHER/GUARDIAN</b>	
	Name _____	Address _____ Phone _____
	Work _____	Address _____ Phone _____
	Occupation _____	Cell Phone _____
	<b>FATHER/GUARDIAN</b>	
Name _____	Address _____ Phone _____	
Work _____	Address _____ Phone _____	
Occupation _____	Cell Phone _____	

As the parent(s)/guardian of the above named member in the Police Athletic League of Tampa, Inc., hereafter referred to as PAL, I/we hereby give consent for said member's participation in PAL programs.

I/we assume all risks and hazards incidental to such participation including transportation to or from activities, except to the extent of accident and liability insurance carried by PAL.

I/we do hereby further release, waive, absolve, indemnify and agree to hold harmless PAL, Tampa Police Department employees, organizers, sponsors, supervisors, participants and persons transporting the listed member to and from activities, from any claim arising out of an injury to the listed member, except to the extent of accident and liability insurance carried by PAL.

I/we do hereby agree to accept full responsibility for all equipment issued to the listed member and will replace any equipment lost or damaged with equal quality and value equipment except for normal wear and tear. I/we understand that membership and activity fees are not refundable.

In the event of any emergency situation relating to the listed minor child, and I am unavailable, I hereby give my consent to the medical staff of the nearest medical facility to administer emergency medical care as deemed necessary by the facility's medical staff until I can be notified.

**LIABILITY RELEASE: I/WE AGREE THAT:** In consideration of THIS PROGRAM, allowing myself or our child's participation in these activities, under the terms set forth herein, I or WE, the parents, for ourselves and on behalf of our child(ren) and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to hold harmless, release, and discharge PAL, its owners, officers, directors, agents, employees, representatives, assigns, members, owners of premises and affiliated organizations, and insurers, and others acting on its behalf (hereinafter, collectively referred to as "Associates"), of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to PAL's and/or ITS ASSOCIATES ordinary negligence; and I or WE, the parents, do further agree that except in the event of PAL's gross negligence and willful and wanton misconduct, We are hereby notified that there Is A Risk while participating in PAL activities, Including Catastrophic Injury or Death and sign this release with full knowledge of this risk. "WE" (member/parent/legal guardian/family) shall not bring any claims, demands, legal actions and causes of action, against PAL, its Associates as stated above in this clause, for any economic and non-economic losses due to bodily injury, death, property damage, sustained by me and/or my minor child or legal ward in relation to the premises and operations of PAL, to include while riding in an approved PAL vehicle, playing any PAL sport, or otherwise while in the care, custody and control of PAL, or participating in any of the PAL activities, whether on or off the premises of PAL.

I release the rights to all photographic materials that PAL might use for promotional activities without obligation to me or my child.

Due to the open door policy of PAL, it is understood and agreed that all members may come and go as they desire. Therefore, PAL will not be held liable for your child leaving the building and/or grounds, nor will PAL be responsible for you child participating in any activity without your express or implied permission.

I fully understand and agree to all of the conditions stated on this form and have counseled my child to these rules and the authority of PAL Athletic Directors, coaches and personnel.

## EMERGENCY CONTACTS

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship: \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship: \_\_\_\_\_

## AUTHORIZED PICKUP

(OTHER THAN PARENT)

Name 1: \_\_\_\_\_ Phone \_\_\_\_\_

Name 2: \_\_\_\_\_ Phone \_\_\_\_\_

## MEDICAL INFORMATION

Preferred Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Medical Condition(s) \_\_\_\_\_

Allergies \_\_\_\_\_

Medication(s) \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

### Authorization for Emergency Medical Treatment

If my child, \_\_\_\_\_, should become ill or injured at, \_\_\_\_\_,  
Child's Full Name Name of Facility

I understand that the Facility will: (1) Contact the person (s) I have designated if I cannot be reached.

Should the facility be unable to reach me and/or the person (s) designated, they are authorized to contact my child's physician and/or arrange for immediate medical treatment.

The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child.

I will accept responsibility for payment of medical services rendered.

\_\_\_\_\_  
Signature Relationship Date

Sworn to and subscribed before me this \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Florida- At Large.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_ who is/are personally known to me

\_\_\_\_\_ who has/have produced identification: \_\_\_\_\_

1924 West Diana Street • Tampa, Florida 33604 • (813)876-9363 • (813)877-6143 Fax

School aged Child Care License # S TA 432040

WWW.PALTampa.org

School \_\_\_\_\_ Grade \_\_\_\_\_

Does your child qualify for special needs: \_\_\_\_\_ (attach supporting documentation)

**NOTES**

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**Hillsborough County Ordinance** requires that parents must receive a copy of the “Know your child’s Day Care Facility Brochure”, and the parent’s are notified in writing of the “Disciplinary Practices” used by the child care facility. The parent’s or legal guardian’s signature certifies receipt of the child care facility brochure/fdch brochure, discipline policies, agreement of the alternate nutrition plan, and that all the information on the form is complete and accurate.

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

Child’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child’s Print: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Print: \_\_\_\_\_

**Police Athletic League**

Parent Permission for PAL Sponsored Field Trips  
And Consent to Medical Treatment

Please complete both top and bottom of form

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(Name of Student) \_\_\_\_\_ has the opportunity to participate in an activity away from PAL premises.

NATURE OF ACTIVITY See Current Program Calendar

DESTINATION See Current Program Calendar

DATE \_\_\_\_\_ TIME OF DEPARTURE \_\_\_\_\_ DATE/TIME OF RETURN \_\_\_\_\_

TRIP SUPERVISOR Group assigned coaches

MEANS OF TRANSPORTATION: (Sponsor please check)

A. District-owned bus  X

B. PAL owned bus  X

C. PAL owned van  X

I understand the nature of the activities in which my son/daughter will be participating and that he/she is expected to abide by all PAL regulations during the course of the activity.

I understand that, PAL is liable or responsible for the conduct or safety of my son/daughter only while he/she is or should be under the immediate and direct supervision of an employee of the PAL.

I hereby give my permission for him/her to participate in the above-described activity.

I further agree that, in the event of an accident, illness or any other circumstance requiring medical treatment, such treatment may be procured for my son/daughter without financial obligation to PAL.

Date: \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

IMPORTANT MEDICAL INFORMATION THE COACH SHOULD KNOW: \_\_\_\_\_

EMERGENCY TELEPHONE NUMBERS: \_\_\_\_\_

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**THIS FORM SHOULD BE KEPT BY THE CHAPERONE DURING THE ACTIVITY**

(Please complete the form below)

**AUTHORIZATION TO TREAT A MINOR**

I (We), the undersigned parent, parents or legal guardian of \_\_\_\_\_, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis and treatment and emergency hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of Florida Department of Public Health. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Date: \_\_\_\_\_ Signature of \_\_\_\_\_

Father and/or Mother, or Guardian

Allergies to Drugs or Foods \_\_\_\_\_

Date of last Tetanus Booster \_\_\_\_\_ Contact Number \_\_\_\_\_

PLEASE COMPLETE BOTH TOP AND BOTTOM OF FORM

## Participant Questionnaire

Child's Name: \_\_\_\_\_

Welcome to the Police Athletic League of Tampa! Since emotional and maturity levels of children vary from child to child and also parent's opinion as to the proper handling of their specific children, we are asking that parents complete the following survey. This will assist us in molding our program to your child's specific needs.

How is your child's swimming ability?

Non-Swimmer     Poor     Fair     Good     Excellent

Has your child ever wandered away from a group or event?

Yes                       No

Does your child make friends or have confidence in adult strangers easily?

Yes                       No

If attending a movie, what is the highest rating allowed?

PG                       PG13                       R

What size T-shirt does your child wear: Child's XS\_\_\_ S\_\_\_ M\_\_\_ L\_\_\_ XL\_\_\_  
Adult's S\_\_\_ M\_\_\_ L\_\_\_ XL\_\_\_ XXL\_\_\_

Is PAL's staff allowed to apply sun screen or lotion as needed for outdoor activities?

YES     NO    If yes are there any special instructions? \_\_\_\_\_  
\_\_\_\_\_

List of child's previous After School \ Summer Programs \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide any information you care to that relates to your child, such as fears, basic personality, emotional needs etc. that might help us ensure they have a safe and enjoyable experience while at PAL.

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Parents/Guardians:

Please **initial** acceptance and receipt for the following handouts. Also, please list your child's name and sign at the bottom.

\_\_\_\_\_ **I have received the Member Parent Guide**

\_\_\_\_\_ I have received the "Know your Child Care Facility Brochure" & "Influenza Brochure"

\_\_\_\_\_ I have received the Holiday Schedule

\_\_\_\_\_ I have completed all the appropriate paperwork

\_\_\_\_\_ I have provided copy of D.L. for each parent.

Child (rens) Names

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**