

PINELLAS SHERIFF'S POLICE ATHLETIC LEAGUE PROGRAM REGISTRATION

10750 Ulmerton Road ✧ Largo, FL 33778 ✧ Ph: 727-528-5779 ✧ Fax: 727-521-5627

\* PLEASE FILL IN FORM COMPLETELY \* DATE \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Please circle: Male Female

Please Circle: White Black Asian Hispanic Other \_\_\_\_\_ T-Shirt Size: Youth S M L XL Adult S M L XL XXL

**MEDICAL INFORMATION:** Doctor's Name \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

In case of an emergency, permission for Doctor/Hospital: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Does your family have health and/or accident insurance: \_\_\_\_\_ Yes \_\_\_\_\_ No

Insurance Carrier \_\_\_\_\_ Policy# \_\_\_\_\_ Group# \_\_\_\_\_

**IN CASE OF EMERGENCY:**

Parent/Guardian Name: \_\_\_\_\_  
Cell# \_\_\_\_\_ Work# \_\_\_\_\_ Home# \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
Cell# \_\_\_\_\_ Work# \_\_\_\_\_ Home# \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

**PROGRAM(S) PARTICIPATING IN:** Sheriff's PAL Dunedin Middle School Sports Program

- \* Is child a resident of unincorporated Pinellas County? Yes \_\_\_\_\_ No \_\_\_\_\_
- Is child eligible for free or reduced lunch? Yes \_\_\_\_\_ No \_\_\_\_\_
- My child has permission to be used in Public Relations Materials: Yes \_\_\_\_\_ No \_\_\_\_\_

My child wishes to become a member of the Pinellas Sheriff's Police Athletic League and its partnerships. As a member, he/she promises to take care of the facilities and property, to obey its leaders, to be friendly toward his/her fellow members and to be loyal to his/her club.

It is expressly understood and agreed by the undersigned that the Pinellas Sheriff's PAL and its partnerships shall not be responsible or legally liable for any losses of personal property, or for any bodily injuries, or the results thereof, incurred or suffered by the applicant on any property of Pinellas Sheriff's PAL and its partnerships in connection with any activities of any of its unit clubs, unless such loss or injury results directly from the negligence or willful act of an employee of the Pinellas Sheriff's PAL or its partnerships within the scope of his/her employment.

Realizing that my child is insured under a Limited Youth Group Insurance Policy and that the Pinellas Sheriff's PAL staff will take all precautions for the safety of my child, I will not hold the Club, its officers or staff responsible for any accident which takes place during club activities. In case of medical emergency, I understand every effort will be made to contact me or the person named in the application. In event one of us cannot be reached, I hereby give my permission to the person in charge to select a physician, to hospitalize, secure proper treatment for, and to order injections, anesthetics or surgery deemed necessary for the health of my child.

Please fill in all information that we should have knowledge of to assist us in case of illness or accident. For example: Is your child allergic to any medication or taking medication? (Use back of form if you need more space)

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_

# PINELLAS SHERIFF'S POLICE ATHLETIC LEAGUE

## Dunedin Sports Program

**Please Note:** The Police Athletic League programs are "activity" events. All children are expected to participate in each activity as directed by the PAL staff. Parents of children refusing to participate will be contacted to come to the program site to pick up their child. Parents of children that complain of illness or injury during the event will be contacted to come to the program site to pick up their child. If your child complains of illness or injury prior to arriving at the program site, please keep them at home until they are able and willing to resume activities.

### Contact Information:

#### **Shari Johnson**

Dunedin Sports Program Coordinator  
Dunedin Middle School  
727-514-1609  
Johnson Shari [JOHNSONSHARI@pcsb.org]

#### **Paul Hicks**

Police Athletic League Athletic Director  
727-580-1764  
pghicks@pcsonet.com

### Program Dates and Hours of Operation:

The Sheriff's PAL Dunedin Sports Program will run Monday through Friday each week from Tuesday, September 7th through Friday, May 27<sup>th</sup> (with the exception of school holidays). Hours are from 4:30 p.m. until 8:30 p.m. unless otherwise noted on the Sheriff's PAL website "Event Calendar" (<http://www.pinellascountypal.com>) – please check the event calendar weekly as there are certain days the program will not be held.

Participants may be dropped off or arrive at the program site beginning at 4:30 p.m. each evening and must be picked up or have left the program site no later than 8:30 p.m. ***Multiple late pickups or loitering at the program site after hours will result in participant expulsion from the program.*** From 4:30 p.m. until approximately 5:30 p.m. will be an "aftercare" environment where participants may work quietly on homework or reading until the organized activity begins.

**Transportation: This PAL program is a "drop-in" program. Participants will sign in upon arrival but may leave at any time after notifying the Program Coordinator or program staff. Parents must decide if the child is allowed to walk/bike to and from the program site or if they will be transported to/from the program site by the parent(s) or other family member(s). The Pinellas Sheriff's PAL is not responsible for the child's safety prior to entering the program site or after leaving the program site.**

**What to Bring:**

**Food:** Participants that intend to stay the entire evening will need to bring a snack and beverage(s) each day. Snacks will be offered for sale at the program site. A snack break will be taken around 7:00 p.m.

**Discipline Issues:**

Participants are expected to follow the instructions of the Program Coordinator and program staff. Participants are never to leave the immediate sports program area without notifying the Program Coordinator or program staff.

Disrespect to adult supervisors or to other participants will not be tolerated.

No profanity or abusive language is allowed.

Fighting or physical abuse of adult supervisors or another participant or violation of **any** criminal statute will result in **immediate** expulsion from the program.

Discipline issues will be addressed as follows:

**First Incident:** Verbal warning; documented by Program Coordinator

**Second Incident:** Parent/guardian conference with Program Coordinator and Athletic Director

**Third Incident:** Expulsion from program

**Proper Attire:**

Modest athletic apparel is to be worn during program sessions. Shirts and shoes must remain on at all times.

**Acknowledgment of and agreement to abide by policies and procedures:**

I have read these policies and procedures, have discussed them with my child and agree in full to abide by them.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name