

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 _____

Legal Parent/Guardian