



Coral Gables Police Athletic League
 2801 Salzedo Street
 Coral Gables, FL 33134
 (305) 460-5637
 (305) 460-5638 Fax

Registration Form

General Participant Information

Today's Date:

Last Name		First Name	
Birth Date	Age	Parent Email	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
T - Shirt size: <input checked="" type="checkbox"/> Check One	<input type="checkbox"/> Adult Sm <input type="checkbox"/> Adult Med	<input type="checkbox"/> Adult Lg <input type="checkbox"/> Adult XLg	Participant Medical Insurance Policy #
List any Special Conditions or Handicaps (i.e.: Allergies, Asthma, Diabetes, Epilepsy, etc.)		Name of School Attending:	

Parent Information

Mother's Name	Father's Name
Address	Address
City, State, Zip	City, State, Zip
Home Ph #	Home Ph #
Work Ph #	Work Ph #
Cell Ph #	Cell Ph #

Emergency Contact Persons (other than parents/guardians)

Name	Relation	Phone 1 #	Phone 2 #
Physician		Phone #	

Please appropriate enrollment:

- | | |
|--|--|
| <input type="checkbox"/> Baseball Camp (July 26 - 30, 2010) | <input type="checkbox"/> Community Service Camp (July 26 - 30, 2010) |
| <input type="checkbox"/> Soccer Camp (July 19 - 23, 2010) | <input type="checkbox"/> Marine Camp (July 19 - 23, 2010) |
| <input type="checkbox"/> Community Service Camp (July 6 - 9, 2010) | <input type="checkbox"/> Marine Camp (August 2 - 6, 2010) |

I give permission for my child to participate in Coral Gables Police Athletic League Programs. I have read all registration and consent materials and have supplied accurate information.

Parent/Guardian Signature	Date
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Parent Consent Form

Consent to Medical and/or Surgical Treatment

Date: _____

In the event of injury to or illness of our son/daughter/ward, _____ born _____, _____, I (we) hereby authorize the Coral Gables Police Athletic League or representative thereof, to admit the above named individual to a facility for emergency medical treatment as may be deemed necessary to his or her health welfare.

The undersigned hereby consents to whatever medical treatment is deemed necessary. The undersigned on his or her behalf of the individual named above, their heirs, assigns and personal representatives, hereby releases the Coral Gables Police Athletic League, its commissioners, staff and employees from any and all claims arising out of the admission to, or treatment administered by, such facility.

In the event of an emergency, if possible, I prefer the following physician and/or hospital:

Physician

Phone #

Hospital

List any Special Conditions or Handicaps
 (i.e.: Allergies, Asthma, Diabetes, Epilepsy, etc.)

Assumption of Risk and Release

The undersigned hereby acknowledges and agrees that participation in the PAL program carries with it an inherent risk of physical injury. In consideration of the registrant's participation in the program, the undersigned, on behalf of the registrant, hereby assumes all such risks of physical injury and does hereby release and forever discharge the Coral Gables Police Athletic League, its commissioners, staff, employees and agents from any and all liability, claim or loss arising from bodily injuries or damage to personal property resulting from the registrant's involvement and participation in the program.

Photographic Release

I hereby authorize the City of Coral Gables/Coral Gables Police Athletic League and the members of its staff to take such photographs, television recordings and/or live television transmission of the registrant in whole, or in part, as they or members of the staff may wish, and to use and publish the same in such places and publications as the Coral Gables Police Athletic League or its staff in its sole discretion consider to be of benefit to said City and the Coral Gables Police Athletic League. I hereby waive any right that I may have to inspect and/or approve the finished product that may be used here under or the specific use to which it may be applied.

The undersigned hereby acknowledges that he/she is the legal guardian of the registrant and has read and agrees with the Consent to Medical and/or Surgical Treatment, Assumption of Risk and Release and Photographic Release stated above.

Parent/Guardian Signature

Date



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**AUTHORIZATION OF PERMISSION TO PARTICIPATE WITH THE
 CORAL GABLES POLICE DEPARTMENT AND THE
 CORAL GABLES POLICE ATHLETIC LEAGUE, INC.
 AND
 HOLD-HARMLESS AGREEMENT**

I/We certify that I/we are the parent(s) or legal guardian of _____ who is under 18 years of age. I/We have read and understand the attached REQUEST FOR PERMISSION TO PARTICIPATE WITH THE CORAL GABLES POLICE DEPARTMENT AND THE CORAL GABLES POLICE ATHLETIC LEAGUE, INC. and HOLD-HARMLESS AGREEMENT (YOUTH), and agree to allow my/our child to participate subject to the terms and conditions set forth therein.

I/We have also read the request for permission and hold harmless form signed by our minor child and are fully aware of the benefits, requirements, and risks associated with the program and have authorized my/our child to sign the request for permission and hold harmless form.

In consideration of the educational and other benefits to be received for such [observation, participation, volunteer activity], I/We hereby agree to hold the Coral Gables Police Athletic League, Inc., the City of Coral Gables, its City Commissioners, employees, agents and assigns harmless from any and all liability for any property damage, physical harm, personal injury or death arising out of my/our child's experience as an [observer or participant] and I/we further agree on our behalf and on behalf of our child to waive all rights or claims for damages, legal or equitable arising out of any intentional or negligent acts or omissions of our child or of any officer, employee or agent of the City of Coral Gables and the Coral Gables Police Athletic League, Inc.

I/We understand this authorization will be valid for every occasion on which my/our child participates as a Police Athletic League participant unless it is revoked in writing and such written notification is received and acknowledged by the Coral Gables Police Department.

Parent/Legal Guardian Signature

STATE OF FLORIDA/COUNTY OF MIAMI-DADE

Before me personally appeared _____ to me well known and known to me to be the persons described herein and who executed the foregoing instrument. And acknowledged to and before me that _____ executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal, this _____ day of _____, A.D. 201__.

 Notary Public State of Florida at Large
 My Commission Expires: _____