



# PARTICIPANT

# REGISTRATION PACKET



[LAKELANDPAL.ORG](http://LAKELANDPAL.ORG)





# PARTICIPANT APPLICATION

(2020)

## Participant's Information

NAME: \_\_\_\_\_  
Last Name First Name Middle Name

Nickname/name you go by: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City ST Zip

Contact Phone: (\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Gender: \_\_\_\_\_ T-shirt size: \_\_\_\_\_ (S, M, L, XL, XXL, XXXL, 4XL)

## What activities will you be participating in:

\_\_\_\_\_ Football (Ages 4-14) \$110      \_\_\_\_\_ Cheerleading (Ages 4 -15) \$125  
\_\_\_\_\_ Fishing (Ages 4-17) \$50      \_\_\_\_\_ Archery (Ages 7 -17) \$50  
\_\_\_\_\_ Mentoring (Ages 13-18) Free      \_\_\_\_\_ Summer Academy (Ages 13 -18) \$100

Have you previously been a participant of PAL? \_\_\_\_\_ Yes      \_\_\_\_\_ No

## Participant's Medical Information

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Medical Issues: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Medical Facility: \_\_\_\_\_

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

Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Parent/Guardian Information**

NAME: \_\_\_\_\_  
Last Name First Name Middle Name

Address: \_\_\_\_\_  
Street City ST Zip

Contact Phone: (\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Driver License or State ID #: \_\_\_\_\_ State: \_\_\_\_\_

**Two Persons Authorized To Pick Up Child**

First Person

Name: \_\_\_\_\_  
Last Name First Name Middle Name

Relationship to participant:  Parent  Guardian  Lives with  Other

Contact Phone: (\_\_\_\_) \_\_\_\_\_

Second Person

Name: \_\_\_\_\_  
Last Name First Name Middle Name

Relationship to participant:  Parent  Guardian  Lives with  Other

Contact Phone: (\_\_\_\_) \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_  
Last Name First Name Middle Name

Contact Phone: (\_\_\_\_) \_\_\_\_\_

I have read the completed application, understand the rules of the Lakeland Police Athletic and Activities League (PAL) and request that my child be admitted. I have explained the rules to my child and agree that PAL will not be responsible for any accident involving my child while on the PAL premises or while engaged in any of its activities away from Lakeland PAL. I give my consent for photographs, in which my child may appear to be used in any manner that Lakeland PAL cares to use them.

Name: \_\_\_\_\_ Date: \_\_\_\_\_



PARENT/GUARDIAN  
**MEDICAL CONSENT FORM**

I, \_\_\_\_\_ parent/legal guardian of  
\_\_\_\_\_ hereby authorize LakelandPAL through  
the directed representatives (Officers, Directors, Coaches etc) who are 18 years of age  
or older, to consent to any medical treatment of the above child. No medical  
assistance will be provided without authorization.

Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Dentist: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_





# RELEASE OF LIABILITY & ASSUMPTION OF RISK

READ CAREFULLY BEFORE SIGNING

In consideration of \_\_\_\_\_ my minor child/ward ("child")  
(Name)

or \_\_\_\_\_ ("myself") being allowed to participate in any way in the LAKELAND POLICE ATHLETIC/ACTIVITIES LEAGUE program, related events and activities, sponsored by the Police Athletic League of Lakeland, Inc., a Florida non-profit corporation ("Lakeland PAL"), the undersigned acknowledges, understands, and agrees that:

1. The risk of injury to my child or myself from the activities involved in Lakeland PAL programs, events and activities is significant, including the potential of permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, as defined below, or others, and assume full responsibility for my child's or my participation; and,
3. I willingly agree to comply with the program's stated and customary terms and conditions for participation, And UNDERSTAND AND AGREE THAT THE RULES ARE SUBJECT TO CHANGE IN THE EVENT OF BAD WEATHER AND/OR OTHER THINGS BEYOND THE CONTROL OF LAKELAND PAL. If I observe any unusual significant concern in my or my child's readiness for participation and/or in the program itself, I will remove myself or my child from the participation and bring such concern to the attention of the nearest official [or adult supervisor in the case of non-sports related events] immediately.
4. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE the other participants, the City of Lakeland, Lakeland PAL, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct programs and events, as well as the officers, employees and agents of all of the above (individually and collectively, the "**Releasees**"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my or my child's involvement or participation in these programs and events, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my or my child's involvement or participation in these programs and events, EVEN IF ARISING FROM THE NEGLIGENCE OF RELEASEES, to the fullest extent permitted by law.

6. I further grant the Releasees the right to photograph and/or videotape me or my child and further to use my or my child's, name, face, likeness, voice and appearance in connection with exhibitors, publicity, advertising and promotional materials without reservation or limitation. The Releasees are, however, under no obligation to exercise said rights herein granted.
7. This Agreement shall be governed by the laws of the State of Florida, and any legal action relating to or arising out of this Agreement shall be commenced exclusively in the courts of Polk, Florida or the United States Middle District Court of Florida, Tampa Division. I certify that I am 18 years of age or older and that I am entering into this Agreement on my own behalf or as the parent or legal guardian for a minor that is under 18 years of age.
8. *I understand the seriousness of the risks involved in my or my child's participation in this program and my and my minor child's personal responsibility for adhering to rules and regulations, and accept all such risks and responsibilities.*
9. Submission of this form and any additional paperwork does not guarantee my or my minor child's participation and qualification for any Lakeland PAL events.
10. Lakeland PAL reserves the right to accept and reject youth, adults, and Lakeland PAL Staff from participation for not adhering to rules set forth by Lakeland PAL (including rules pertaining to proper, correct, and timely submission of required paperwork) and not adhering to deadlines.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, FULLY ACKNOWLEDGE AND ACCEPT ALL RULES AND GUIDELINES AS SET FORTH BY LAKELAND PAL, AND FURTHERMORE UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT OR COERCION.**

X \_\_\_\_\_ Date Signed: \_\_\_\_\_  
 (PARENT/GUARDIAN SIGNATURE) (PRINT NAME)

X \_\_\_\_\_ Date Signed: \_\_\_\_\_  
 (FOR MYSELF ONLY IF NOT SIGNING AS PARENT/GUARDIAN)

**THIS FORM IS VALID FOR ONE YEAR FROM THE DATE SIGNED. THIS FORM IS USED FOR ALL SFAPAL EVENTS.**

Notary Seal:

Date Notary's Commission expires: \_\_\_\_\_

Notary's Signature: \_\_\_\_\_

Date form Notarized: \_\_\_\_\_