



Activity Registration Information

2008-2009

Must Attach: copy of birth certificate and most recent report card

Visit us at: www.jaxpal.com for more information on P.A.L.

PAL reserves the right to remove any participant for violation of the Youth Code of Conduct!

PAL ACADEMIC REQUIREMENT: I further agree to provide P.A.L. with a copy of my child's most recent report card and understand that P.A.L. will require any youth with a grade point average below **2.0** or who failed a core course grade recently or who is deemed academically at risk (by a coach or parent) to participate in FREE academic support classes (tutoring programs) at a P.A.L. location during designated dates and times. P.A.L. has a right to remove a participant from competition until it can be determined that academic progress is being made and/or the participant is attending the mandatory required academic class or after school program.

New Applicant: **Returning Participant:** **Sport/Camp:** _____ **Today's**

Date: _____

Participant Information

Student

ID#: _____

Last Name: _____ **First Name:** _____ **MI:** _____ **DOB:** _____

Address: _____ **Zip:** _____ **Sex:** M or F **Age:** _____ **Height** _____

Current Grade: _____ **School:** _____ **Uniform Size:** YS YM YL AS AM AL
AXL

Is your child eligible for Free or Reduced Lunch? **Yes** **No**

(If your total Household Income is less than the amount shown next to the Household Size, then check YES)

1-> \$13,820 3-> \$23,292 5-> \$32,764 7-> \$42,236
2-> \$18,556 4-> \$28,028 6-> \$37,700 (Each additional person add \$4,736)

Participants Ethnic Group: 1-) White/Caucasian 2-) African American 3-) Native American
4-) Hispanic 5-) Asian/Pacific 6-) Multi-racial 7-) Other

Parent/Guardian/Foster Care/Primary Caregiver (completing the registration):

Name: _____ **Email (for PAL use only):** _____

Relationship to Participant: (please circle one): *Mother Father Grandparent Other Relative Foster Parent
Other*

Marital Status: _____ **Ethnic Group of Parent/Guardian/Caregiver:** _____

Address: _____ **City:** _____ **Zip:** _____

Home Phone #: _____ **Work #:** _____ **Cell #:** _____

Other Emergency Contact Name _____ **Phone #:** _____

Medical Information

Physician Name: _____ **Phone:** _____

Does your child have any special medical needs? **Yes** **No**

(If "Yes" please explain): _____

Please check if you would like to Volunteer or Coach at PAL: **Yes** **No** (If "Yes" indicate program):

* See Reverse for More Information*

General Release of Liability:

In consideration of being allowed to participate in any of the PAL programs, related events and activities offered, **The undersigned agrees to the following:**

I acknowledge and fully understand that each participant will be engaging in activities that may involve risk or serious injury; including permanent disability and severe social and economic losses, which might result from their actions, In actions or negligence, and of others, the rules of play, the condition of the premises or of any equipment used. Additionally there may be risks not known to us or not reasonably foreseeable at this time. To the best of my knowledge, my daughter/son is physically fit to engage in all PAL activities. I understand that the Police Athletic League of Jacksonville employees, City of Jacksonville and their agents will exercise reasonable supervision while my daughter/son is participating and in activities by the Police Athletic League of Jacksonville, Inc. I agree to hold the Police Athletic League of Jacksonville, Inc. and/or the National Police Athletic League of Jacksonville, Inc., City of Jacksonville employees and agents harmless from any and all liability, personal injury illness or any loss of property which may result while exercising their duty of supervision while participating in the P.A.L. Program.

Authorization for Emergency Care:

In case of accident or serious illness, and the PAL program is unable to reach me, I hereby authorize the PAL program staff to contact the physician indicated on the application and to follow his/her instructions: If it is impossible to contact this physician, the P.A.L. may make arrangements necessary to provide care and treatment for my child.

In case of accident/serious illness where the immediate treatment of my child is not necessary, but he/she is unable to remain at P.A.L., the program personnel will contact me or arrange transportation for my child. If the P.A.L. is unable to reach me, I authorize them to contact one of the persons indicated on the enrollment form (as emergency contacts) and ask them to pick up and transport my child home.

School Records Release Statement

I give my consent for my son's/daughter's/ward's school records to be accessed by the Police Athletic League through the Duval County School "Genesis" system. This is to enable the PAL staff to gather data for program effectiveness on the youth who are required to attend the academic assistance program in order to remain eligible for competition.

Administration of Medication & Medical Release Statement:

A policy has been established in Duval County to govern the administration of medicine to students in public schools. The Police Athletic League follows this policy. The policy states that before medicine can be administered, a statement from the physician concerning the medicine must be on file at the program. Directions taken from the prescription bottle or box will not suffice. Only a written statement from the physician is acceptable. I waive any claims or liability that may result against any P.A.L. personnel relative to the administration of medication of my child.

Photo/Media Release:

I acknowledge, understand, consent and permit my child as a participation in the PAL programs and events that involve interviewing, photographs, videotaping, publicity activities while participating in PAL programs and events.

Trip Permission Form

I give permission for my child _____ to participate in any P.A.L. program trip(s) whereby his/her participation in a designated away competition is scheduled. I understand that I will receive advance notice of these field trips and the specific details as they relate to that event.

- Only a legal guardian and/or parent may register and sign this form. PAL will take appropriate legal action against anyone found to complete this form who does not have authority to do so.
- By signing below, I acknowledge that I understand and agree to all of the above. In addition, I certify that I am the legal guardian and/or parent of this applicant.

 Child's Name Parent or Guardian's Signature Date

 Adult Witness Name (please print) Adult Witness Signature Date

* Adult witness signing must be a PAL employee or Team Official (Coach, Asst. Coach, Administrator or Team Parent)

For Office Use Only (To be completed by PAL Staff Member)

Date Paid: _____ Amount: _____ Initial of Staff: _____ Receipt #: _____

(Circle): Cash, Check or Other Birth Certificate Report Card **GPA verified by**

*** NO REFUNDS AFTER CHILD BEGINS PARTICIPATING IN PAL ACTIVITIES**
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