



Office Use Only

Activity \_\_\_\_\_  
Grade \_\_\_\_\_  
School \_\_\_\_\_  
Concussion \_\_\_\_\_ BCF \_\_\_\_\_  
Physical Date \_\_\_\_\_  
  
Date \_\_\_\_\_ Cash \_\_\_\_\_ Check# \_\_\_\_\_

## FLAGLER SHERIFF'S P.A.L. Registration Form

### MEMBERSHIP APPLICATION AND WAIVER

**Participant Information**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Sex \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
Shirt size: YS YM YL AS AM AL AXL Sport/ Activity \_\_\_\_\_

The Flagler Sheriff's P.A.L. is a not-for-profit corporation dependent upon grant funding, donations and other types of fundraising in order to provide events/programs for the children of our community. We are therefore obligated to ask certain questions regarding participant's race, ethnicity, and income. It is critical for future funding that the application is filled out in its entirety. Any and all information is confidential for our records.

\_\_\_ White/Caucasian \_\_\_ African American \_\_\_ Hispanic \_\_\_ Asian \_\_\_ Alaska Native \_\_\_ American Indian \_\_\_ Other

FREE / Reduced Lunch \_\_\_ YES \_\_\_ NO

Have you previously been a PAL member? \_\_\_ YES \_\_\_ NO

**Parent/ Guardian**

Name \_\_\_\_\_ Email \_\_\_\_\_  
Phone: \_\_\_\_\_ Relationship to Participant: Mother Father Grandparent Other  
**Emergency Contact if other than Parent/Guardian who can pick up my child (must be 18 yrs. of age or older)**  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
  
Any Custody Issues we should be aware of?  
\_\_\_\_\_

**Emergency Contact if other than Parent/ Guardian**

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Cell# \_\_\_\_\_  
Relationship to Participant \_\_\_\_\_

**Medical Information**

Medications \_\_\_\_\_ Allergies \_\_\_\_\_

Does your child have any special medical needs \_\_\_ Yes \_\_\_ No If Yes Please Explain

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

**PERMISSION TO TRYOUT**

The undersigned as parent or legal guardian gives consent for the athlete identified herein to try out for middle school athletics as a representative of \_\_\_\_\_ school. I understand that if there is a pre-existing health condition, the Flagler Sheriff’s P.A.L., employees, Board of Directors, Flagler County School District, employees and Administrators will not be held liable. \_\_\_\_\_ Signature Parent/ Guardian

**Flagler Sheriff’s Police Athletic League (FSPAL)  
Consent and Release from Liability/ Medical / Media**

Parental/Guardian Consent, Acknowledgement and Release

- A.** I hereby give consent for my child to participate in any FSPAL recognized or sanctioned sport/club. I agree to follow the rules of the FSPAL sports/club leagues and to abide by their decisions and policies. I know that my child’s athletic participation is a privilege.
- B.** I know of, and acknowledge that my child knows of, the risks involved in athletic participation. I understand that serious injury, including the potential for a concussion, and even death, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for his/her safety and welfare while participating in FSPAL athletics, with full understanding of the risks involved.
- C.** With full understanding of the risks involved, I hereby release and hold harmless FSPAL, the sports associations against which it competes, the county recreation and parks facilities and personnel, the contest officials, the coaches, and the league’s volunteer staff of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against any of the aforementioned because of any accident or mishap involving athletic participation or exhibition.
- D.** I authorize emergency medical treatment for my child should the need arise for such treatment while my child is under the supervision of any FSPAL coach or volunteer staff. I hereby authorize the use or disclosure of individually identifiable health information should treatment for illness or injury become necessary.
- E.** I consent to the disclosure, upon FSPAL’s request, and hereby grant to FSPAL the right to review all records relevant to my child’s athletic eligibility including, but not limited to, his/her records relating to enrollment and school attendance, age, discipline, finances, residence and physical fitness.
- F.** I hereby grant the released parties the right to photograph and/or videotape my child/ward and further to use said child’s name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.
- G.** I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting said revocation in writing to FSPAL, by doing so, however, I understand that my child will no longer be eligible for participation in FSPAL athletics/ events.

**I do not agree with or consent to Letter \_\_\_\_\_ from above list.**

**Explanation of why:**

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

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**I hereby understand and agree as follows:** This agreement is made voluntarily on my part and is made with the understanding that I have not violated any of the rules of the Flagler Sheriff’s P.A.L., Flagler County School District and my current school. I will, to the best of my ability, stay academically eligible, keep training rules, and conduct myself so as to bring honor to my school, my team, and myself.

**Date:** \_\_\_\_\_ **Student Signature:** \_\_\_\_\_

**Flagler Sheriff’s PAL 386-586-2655 or register online at [www.flaglersheriffspal.org](http://www.flaglersheriffspal.org)**