

City of West Palm Beach Police Athletic/Activities League
720 N. Tamarind Avenue
West Palm Beach, Florida 33401
561-835-7195
561-835-7197 fax

PROGRAM MEMBERSHIP APPLICATION

Member Name: _____ M.I. _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Phone (H): _____ (W): _____ (Other): _____

Social Security Number: _____ Age: _____ Grade: _____

Gender: (Circle) Male Female School: _____ Race: _____

Emergency Contact: _____

Phone (H): _____ (W): _____ (Other): _____

MEDICAL CONSENT AND AUTHORIZATION FOR TREATMENT

In the event of an injury or illness that requires medical treatment, your child's medical insurance will be the primary insurance.

Company Name _____ Policy Number _____

I hereby give permission to the staff to secure proper treatment for my child in the event of illness or injury. If I cannot be reached, I, give permission to the physician selected by the staff to hospitalize my child and to order whatever treatment necessary, including anesthesia and surgery.

Parent Signature _____ Date _____

CHECK PROGRAM

- | | | |
|--|---|---|
| <input type="checkbox"/> BASKETBALL | <input type="checkbox"/> TACKLE FOOTBALL | <input type="checkbox"/> FLAG FOOTBALL |
| <input type="checkbox"/> SOCCER | <input type="checkbox"/> KARATE | <input type="checkbox"/> YOUTH CLUB/TEEN CAMP |
| <input type="checkbox"/> BOYS BASKETBALL | <input type="checkbox"/> GIRLS BASKETBALL | <input type="checkbox"/> OTHER _____ |

WEST PALM BEACH POLICE ATHLETIC/ACTIVITIES LEAGUE POLICY AND LIABILITY WAIVER

I hereby declare that I am the parent/guardian of _____ and give my consent for his/her participation in the West Palm Beach Police Department's Police Athletic/Activities League. In consideration of my child being permitted to participate, I hereby release, waive, indemnify and hold harmless the City of West Palm Beach, their agents, employees or volunteers, the State of Florida, the National Police Athletic League, its agents or staff or sponsors from any and all liability for all injury, loss damage and/or claim of damages to the person or property of my child during his/her participation with the West Palm Beach Police Athletic/Activities League, Inc. I hereby grant permission for the West Palm Beach Police Athletic/Activities League and its agents to photograph and/or video tape the above named registrant during his/her/our participation in activities or use of recreational facilities. I further authorize the use of such photos and/or videos for any promotional and/or documentary purposes without compensation.

Signature _____ Date _____

Parent/Legal Guardian/(Registrant over 18)