

# Port St. Lucie Police Athletic League, Inc

2101 Tiffany Avenue, Port St. Lucie, FL 34952

(772) 398-9436

www.cityofpsl.com - PAL



## MEMBERSHIP APPLICATION and Waiver

Date:	_____
Paid:	Y or N
	Cash OR Check
Check:	_____
Initials:	_____

The Port St. Lucie Police Athletic League, Inc is a not-for-profit corporation dependent upon grant funding, donations and other types of fundraising in order to provide children's athletic programming. 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. Thank you for cooperation.

Program(s): \_\_\_\_\_

Participant's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Sex: M or F \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Other organization/teams participant belongs to: \_\_\_\_\_

Race/Ethnicity:  
African American \_\_\_\_\_ Caucasian \_\_\_\_\_ Asian Pacific \_\_\_\_\_  
Haitian American \_\_\_\_\_ Hispanic \_\_\_\_\_ Other \_\_\_\_\_

Child lives with: Both Parents: \_\_\_\_\_ Mother/Stepfather: \_\_\_\_\_ Father/Stepmother: \_\_\_\_\_

Mother only: \_\_\_\_\_ Father only: \_\_\_\_\_ Grandparents: \_\_\_\_\_ Other: \_\_\_\_\_

Total number in household: \_\_\_\_\_ # Brothers: \_\_\_\_\_ # Sisters: \_\_\_\_\_

<b>Required Medical Information:</b>
<b>Participant's Doctor or Clinic:</b> _____ <b>Telephone:</b> _____
<b>Please list any allergies, physical limitations, or medications taken:</b>

Parent or Guardian's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Address if different from participant: \_\_\_\_\_

Other Emergency Contact Person: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Demographic Information:**  
Total House income: Under \$25,000 \_\_\_\_\_ \$25,000-\$50,000 \_\_\_\_\_ over \$50,000 \_\_\_\_\_  
Own home: \_\_\_\_\_ Rent: \_\_\_\_\_ Does applicant receive free or reduced school lunch? \_\_\_\_\_

Additional information may be required depending upon the type of program you are participating in and the corresponding funding source. Please note that PAL reserves the right to change schedules depending on needs.

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## WAIVER EXPRESS ASSUMPTION OF RISK FOR PARTICIPANT

Participant's Name: \_\_\_\_\_ Activity: \_\_\_\_\_

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

I hereby expressly and affirmatively state that I and/or child named herein wish to participate in above stated activity. I and/or named child realize that participation in this activity involves risks of injury, including but not limited to loss of future earning capacity, loss of or damage to personal property, various degrees and severity of bodily (physical) injury and even the possibility of death. I and/or named child also recognize that there are many other risks of injury including serious and disabling injuries which may arise due to participation in this activity and that it is not possible to specifically list each and every individual injury risk. However, knowing the material risk and appreciating, knowing, and reasonably anticipating that other injuries and even death are a possibility, we hereby expressly assume all of the delineated risk of injury, all other possible risk of injury and even death which could occur by reason of my and/or child's participation in the activity and release the Port St. Lucie Police Athletic League, the City of Port St. Lucie and all of its departments, agents, and employees there from. I have had an opportunity to ask questions. Any questions which I have asked have been answered to my complete satisfaction. I subjectively understand the risk of participation in this activity and knowing and appreciating these risks, I voluntarily choose to participate and/or allow named child to participate, assuming all risks of injury or even death to my and/or named child's participation in this activity. An opportunity for questions was provided and the undersigned indicated complete understanding of the risks.

Parent/Guardian

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

I/we have personal insurance (circle one) YES NO \_\_\_\_\_ Company Name: \_\_\_\_\_

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

### PLEASE INITIAL THAT YOU UNDERSTAND AFTER EACH STATEMENT

There will be no refunds of any kind at any time \_\_\_\_\_

There is no supervision before or after the hours of operation. We are confident that you will not drop you child off early or pick them up late \_\_\_\_\_

I understand that my child's membership can be suspended or revoked should their behavior warrant such action \_\_\_\_\_

I understand that I am responsible for payment of any damages my child may incur. Membership can be suspended until payment is made \_\_\_\_\_

We are not responsible for any personal items that are lost or stolen if brought to our facility/program \_\_\_\_\_

I release the right to all photogenic material that the PAL might use or promotional activities without obligation to me or my child \_\_\_\_\_

I grant the Port St. Lucie Police Athletic League permission to authorize & obtain medical treatment in case of illness or injury when neither parent, guardian is available for emergency treatment \_\_\_\_\_