



Activity Registration & Consent Form

Miramar Police Athletic League



Activity/Sport: P.A.L. Soccer (outdoor soccer)

Please see age chart for division placement: Division _____

Player's ability(check one): Beginner ____ Average ____ Skilled ____ Gender(check one): Boy ____ Girl ____

Participant: _____ Birth Date: ____ / ____ / ____ Age ____

Address: _____ City: _____ Zip _____

Home Phone #: (____) _____ Gender: Male ____ Female ____

Mother's Name: _____ Work Phone #: (____) _____

Cell #: (____) _____ Email: _____

Father's Name: _____ Work Phone #: (____) _____

Cell #: (____) _____ Email: _____

Are you, or a family member, interested in being a volunteer coach? Yes ____ No ____

Name: _____ Phone #: (____) _____

E-Mail: _____ Coaches will be contacted in December.

Coaches, please also complete the coach's application form.

Emergency Contact: A person other than the parent/guardian that can be contacted in an emergency if unable to reach the parent/guardian. The emergency contact person has permission to remove the participant from the program.

1.)Name: _____ Phone #: (____) _____

Relationship: _____ Other #: (____) _____

Medical Information:

Family Doctor's Name: _____ Phone #: (____) _____

Insurance Co: _____ Policy #: _____

Is your child currently on any medication? ____ If yes, please explain: _____

Physical limitations: _____

Height: ____ Feet ____ Inches Weight: _____

(Office Use Only)

Check #: _____ Money Order #: _____ Amount: \$ _____ Date: _____

Receipt #: _____ Registered by: _____

Activity Registered For: _____

In consideration of participation in the activities of the Miramar Police Athletic League, Inc., I, for myself, my heirs, executors, and administrators waive and release any and all rights and claims for injury or damage that I may have against the Miramar Police Athletic League, Inc., the City of Miramar, its agents or employees and individual sponsors, including owners and drivers of vehicles used for travel on any trips sponsored by the Miramar Police Athletic League, Inc., or any and all injuries sustained by me in sponsored events, including pre and post-event activities. Further, I hereby grant full permission to any and all of the foregoing to use photographs, videotapes, motion pictures, recordings or any other record of this event for any purpose whatsoever.

I agree to follow all Miramar PAL guidelines and will refrain from making ANY COMMENTS TOWARD THE REFEREES.

X

Signature of Parent or Legal Guardian

Date

Please remember to pick up a Q&A at registration and visit MiramarPAL.org for other program details.

Refund requests must be made prior to December 31'