



"Training for Life"

West Volusia Police Athletic League

Activity _____

NAME _____ AGE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ RACE _____ SEX _____ DOB _____

IN CASE OF EMERGENCY CONTACT:

Name _____ Relationship _____

Address _____ Telephone _____

I _____ give my permission for _____
To participate in activities sponsored by the West Volusia Police Athletic League.

MEDICAL RELEASE AND CONSENT FOR TREATMENT

In the event of injury or other conditions arising from activities while participating as a member of West Volusia PAL, which necessitates emergency medical treatment for the minor named herein, I do hereby give consent and permission in my absence for any treatment, which may be needed, as called for by the circumstances.

WAIVER OF LIABILITY

I do hereby intend to be legally bound and, for myself, executors and administrators do waive, release and forever discharge any and all rights and claims for damages against West Volusia PAL, including any claim for loss, damages or injury to the person or property of the minor named herein, arising out of his/her performance or failure of performance while participating as a member in a sponsored activity of WVPAL.

PHOTO RELEASE

I understand that my child may be photographed during PAL activities and that their picture may appear in PAL or local news publications.

Date _____

SIGNED _____
(Parent or Guardian)

Registration fee cash _____ ch# _____
Received by _____

Witness _____
PAL Staff or School Counselor

*The West Volusia Police Athletic League has the **right to cancel my participation** in sponsored activities **if I do not abide by the rules and regulations** set forth by PAL or its member agencies.*

Date _____ **SIGNED BY PARTICIPANT** _____