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REGISTRATION @ \*www.fortmyerspal.net

**REQUEST FOR MEMBERSHIP**

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| FULL NAME: |
| CAREER GOAL: |
| SCHOOL: |
| GRADE: GPA: |
| HOME ADDRESS: |
| CITY: STATE: ZIP: |
| HOME PHONE: ALT PHONE: |
| PROGRAM PARTICIPATION: REG FEE: |
| SPORTS\_\_\_\_\_ PLUG LEADERSHIP\_\_\_\_ RESPECT FOR LAW CAMP\_\_\_\_\_ D2U CAMP\_\_\_\_\_ YDP LEADERSHIP\_\_\_\_\_ ART CAMP\_\_\_\_\_\_  FOOTBALL\_\_\_\_\_ CHEER\_\_\_\_\_ BOXING\_\_\_\_\_MARTIAL ARTS\_\_\_\_\_WRESTLING\_\_\_\_\_\_ JR NBA BASKETBALL\_\_\_\_\_ REFFERAL\_\_\_\_\_\_ |
| MEDICAL PROBLEMS: |

**THIS REQUEST IS ACCEPTED WITH THE UNDERSTANDING THAT THE CITY OF FORT MYERS, LEE COUNTY, THE FORT MYERS POLICE DEPARTMENT, THE FORT MYERS POLICE ATHLETIC LEAGUE, ITS AGENTS OR ITS EMPLOYEES WILL NOT BE LIABLE FOR INJURY SUSTAINED IN TRANSIT TO OR FROM ANY PAL FUNCTION, OR AS A RESULT OF PARTICIPATION IN ANY PAL ACTIVITY. INABILITY TO CONFORM THE RULES AND REGULATIONS OF PAL ON ANY PART OF THE MEMBER WILL RESULT IN THE NOTIFICATION OF THE FRACTION TO THE PARENT OR GUARDIAN. PAL RESERVES THE RIGHT TO DISMISS ANY MEMBER FOR JUST CAUSE.**

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Print Parent / Guardian Name

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

Parent / Guardian Signature Date

**IN CASE OF AN EMERGENCY, IF UNABLE TO BE CONTACTED, I AUTHORIZE THE FORT MYERS POLICE ATHLETIC LEAGUE TO AUTHORIZE EMERGENCY FOR THE CHILD LISTED ON THIS APPLICATION.**

EMERGENCY CONTACT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CELL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_