



Participant Intake Form

2023-2024 School Year

EVENT NAME: _____

information **MUST** be completed, if not, this form will not be processed and will be returned to the participant.

PAL Participant Contact Information

Last Name: _____ First Name: _____ Middle: _____ Sex: _____ DOB: _____

Address: _____ City, State, Zip: _____ Race: _____

Current School: _____ Grade: _____ Special Learning program: _____

1st Parent Name: _____ Home # _____ Work: _____ Cell: _____

Email Address: _____

2nd Parent Name: _____ Home # _____ Work: _____ Cell: _____

Email Address: _____

Emergency Contact: _____ Home # _____ Work: _____ Cell: _____

PAL Participant Medical Information/History

Do you have any major illness/injuries?: _____

Are you allergic to any medication?: _____

Are you under the care of a physician?: _____

Are you taking any special medication?: _____

Do you have any physical limitations?: _____

Do you have any physical disabilities?: _____

Insurance Carrier: _____ Group: _____ Group#: _____ Policy#: _____ ID#: _____

Physician Name: _____ Address: _____ City, State, Zip: _____ Phone: _____

Medical Release

I (we) _____ hereby grant consent to any and all health providers designated by the Miami Gardens Police Athletic League to provide my (our) child _____ any necessary medical care as a result of an injury/illness. This consent includes First Aid and transportation to and from health care providers.

Parent/Guardian Name Print: _____ Signature: _____ Date: _____

PAL Participant Release

I (we) _____ authorize my (our) child _____ to come and go by themselves in and out of the Miami Gardens Police Athletic League Program and activities.

Parent/Guardian Name Print: _____ Signature: _____ Date: _____

I (we) _____ DO NOT authorize my (our) child _____ to come and go by themselves in and out of the Miami Gardens Police Athletic League Program and activities. I understand that I will be responsible for dropping and picking them up on time from the Miami Gardens Police Athletic League programs and activities. If name of persons is left blank, the Miami Gardens PAL may release your child to anyone your child can recognize.

Names of Persons my child may be released to:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Names of Persons my child may NOT be released to:

- 1. _____
- 3. _____
- 5. _____

- 2. _____
- 4. _____
- 6. _____

Parent/Guardian Name Print: _____ Signature: _____ Date: _____

Please read carefully before signing.

In consideration of _____, my(self) minor child/ward being allowed to participate in any way in the Miami Gardens Police Athletic League program related events and activities to be held at any location, sponsored by the Miami Gardens Police Athletic League, the undersigned acknowledges, appreciates and agrees that:

- 1. The risk of injury to my (self) child from the activities involved in these programs is significant, including the potential of permanent disability and death and while particular rules, equipment and personal discipline may reduce this risk the risk of serious injury does exist; and
- 2. FOR MYSELF, SPOUSE AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my (self) child's participation; and
- 3. I willingly agree to comply with the program's stated and customary terms and conditions for participation. AND NOTE THAT RULES ARE SUBJECT TO CHANGE IN THE EVENT OF BAD WEATHER AND/OR OTHER THINGS BEYOND THE CONTROL OF THE MIAMI GARDENS POLICE ATHLETIC LEAGUE. If I observe any unusual significant concern in my (self) child's readiness for participation and /or in the program itself, I will remove my(self) child from participation and bring such attention of the nearest official (or adult supervisor in the case of non-sports related events) immediately; and
- 4. I myself, spouse, my child and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE other participants sponsoring agencies, sponsors, advertisers and if applicable, owners and leasers of premises used to conduct the program's related events and activities, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my (self) child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE, to the fullest extent permitted by law.
- 5. I, for myself, my spouse, my child and behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNITY AND HOLD HARMLESS all the above Releases from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.
- 6. I further grant released parties the right to photograph and/or videotape said child or ward and further to use to said child or ward's name, face likeness, voice and appearance in connection with exhibitors, publicity advertising and promotional materials without reservation or limitation. The released parties are, however, under no obligation to exercise said rights herein granted.
- 7. I certify that I am 18 years of age or older that I am entering into this agreement as the parent or legal guardian for a minor that is under 18 years of age.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS ITEMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGNING IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

1st Parent/Guardian Name: _____ Signature: X _____ Date: _____

2nd Parent/Guardian Name: _____ Signature: X _____ Date: _____

UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities of adhering to rules and regulations and accept them as a participant.

Print Participant Name: _____ Signature: X _____ Date: _____

General:

Reason(s) for joining: ___Fun ___Learning ___Sports ___Other: _____

Do you live with your: ___Mom ___Step Mom ___Dad ___Step Dad ___Grandparent ___
Other: _____

Is there a Member of the Household 65 years old or Older: ___Yes ___No

Is there a Member of the Household Handicapped: ___Yes ___No

Current Head of Household: ___Female ___Male

Current Housing Area: _____

Current Single Parent: ___Yes ___No Current Number in Household: _____

Number of Brother: _____ Ages: _____ Number of Sisters: _____

Ages: _____

Registration Fee \$20 Paid: Yes _____ No _____

Shirt/Uniform Size: _____

Additional Program Fee Amount \$ _____

