



## 2015 P.A.L. Basketball League Registration Form

*(Please complete one form for each individual child)*

Player's Name: \_\_\_\_\_ Nickname \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

Home phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_ (relationship): \_\_\_\_\_

Parent/Legal Guardian Email: \_\_\_\_\_

Player's School: \_\_\_\_\_ Grade: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

T- Shirt Size (Circle One): YS YM YL AS AM AL AXL AXXL

My child will participate as a basketball player in the following league (age as of 9/1/15):

\_\_\_\_\_ (ages 7 – 9)

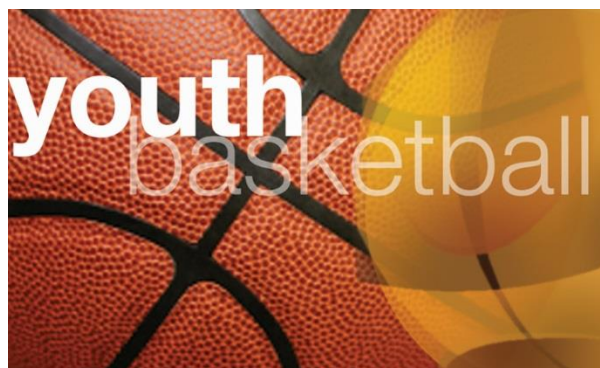
\_\_\_\_\_ (ages 10 - 12)

\_\_\_\_\_ (ages 12- 14)

Siblings to playing in the same age division: \_\_\_\_\_

**Basketball Checklist:** Due before participation in the Basketball League.

- Official Registration Form, one per child- no exceptions
- Release of Liability-signed and notarized
- Proof of Birth (copy of birth certificate or school record)
- Signed and dated Code of Conduct





## RELEASE OF LIABILITY & INDEMNITY

(Revised April 2010)

### READ CAREFULLY BEFORE SIGNING

In consideration of \_\_\_\_\_ my minor child/ward

(Child's Name)

Or \_\_\_\_\_ ("MYSELF") being allowed to participate in any way in the STATE OF FLORIDA ASSOCIATION OF POLICE ATHLETIC/ACTIVITIES LEAGUES (SFAPAL) program, related events and activities, to be held at \_\_\_\_\_,

(Location of event)

sponsored by the State of Florida Association of Police Athletic/Activities Leagues, Incorporated (SFAPAL), the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my 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 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 THE RULES ARE SUBJECT TO CHANGE IN THE EVENT OF BAD WEATHER AND/OR OTHER THINGS BEYOND THE CONTROL OF SFAPAL. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the 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, my 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 lessors of premises used to conduct the event ("Release"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY 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 the released parties the right to photograph and/or videotape said child or ward and further to use 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.

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7. This agreement shall be governed by the laws of the State of Florida, and any legal action relating to or arising out of this agreement shall be commenced exclusively in the circuit court of the fourth judicial circuit in and for Duval County, Florida (or if such circuit court shall not have jurisdiction over the subject matter thereof, then to such other court sitting in said county and having subject matter jurisdiction). I certify I am 18 years of age or older and that I am entering into this agreement as the parent or legal guardian for a minor that is under 18 years of age.
8. *I understand the seriousness of the risks involved in my or my minor child's participating in this program and me and my minor child's personal responsibilities for adhering to rules and regulations, and accept them as a participant.*
9. Submission of this form and any additional paperwork 'does not guarantee' me or my minor child's participation and qualification for any SFAPAL events.
10. SFAPAL reserves the right to accept and reject participating PAL Chapters and their participating PAL youth, adults, and Pal Staff for not adhering to rules set forth by SFAPAL (especially as it pertains to proper, correct, and timely submission of required paperwork) and not adhering to the deadline.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, I FULLY ACKNOWLEDGE AND ACCEPT ALL RULES AND GUIDELINES AS SET FORTH BY SFAPAL AND FURTHERMORE UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

X \_\_\_\_\_ Date Signed: \_\_\_\_\_

(PARENT/GUARDIAN SIGNATURE)

X \_\_\_\_\_

(PRINT NAME)

**THIS FORM IS VALID FOR ONE YEAR FROM THE DATE SIGNED. THIS FORM IS USED FOR ALL SFAPAL EVENTS.**

Notary Seal:

**Date Notary's Commission expires:** \_\_\_\_\_

**Notary's Signature:** \_\_\_\_\_

**Date form Notarized:** \_\_\_\_\_