



Flagler County P.A.L. PLAYER APPLICATION

		SPORT		DIVISION	
LAST NAME		FIRST NAME		TELEPHONE	
STREET ADDRESS		CITY		ZIP	
MAILING ADDRESS		CITY		ZIP	
GENDER <input type="checkbox"/> M <input type="checkbox"/> F	DOB	AGE	SHIRT SIZE <input type="checkbox"/> XS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL	HEIGHT	WEIGHT
MEDICAL INSURANCE CARRIER		SIBLINGS ON TEAM		HEARING IMPAIRED	VISUALLY IMPAIRED
E-MAIL ADDRESS		SCHOOL			GRADE

FATHER/GUARDIAN

LAST NAME		FIRST NAME		HOME TELEPHONE	
ADDRESS		CITY		ZIP	
EMPLOYER		BUSINESS TELEPHONE		MOBILE PHONE	

MOTHER/GUARDIAN

LAST NAME		FIRST NAME		HOME TELEPHONE	
ADDRESS		CITY		ZIP	
EMPLOYER		BUSINESS TELEPHONE		MOBILE PHONE	

EMERGENCY AUTHORIZATION: I, the undersigned parent or legal guardian of the above player, a minor, hereby authorize the coaches, team parents, the above-identified emergency contact person and/or other P.A.L. officials to act as my agents in the capacity of activity supervisors and vehicle drivers, and the consent to medical, surgical or dental examination and/or treatment.

DISCLAIMER, ASSUMPTION OF RISK AND WAIVE: I, the undersigned parent or legal guardian of the above player, a minor, for myself and on behalf of the above player, our heirs, assigns and next kin, acknowledge that participation in sports necessarily involves travel, play in adverse conditions, contact with considerable force, and risk of severe, permanent physical injury including bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death. For myself and on behalf of the above player, our heirs, assigns and next of kin, we willingly and voluntarily accept and assume all such risk.

For myself and on behalf of the above player, I further acknowledge that the Flagler County P.A.L. is primarily administered by volunteers rather than paid professionals. For myself and on behalf of the above player, he/she or I willingly and voluntarily agree to comply with the stated and customary terms and conditions for participation and, if he/she or I observe any unusual significant concern in his/her readiness for participation and/or in the program itself, I will remove him/her from participation and bring such concern to the attention of the nearest official immediately and also of the sport commissioner as soon as possible thereafter.

In consideration of accepting the registration and permitting the voluntary participation of the above named participant in its programs for myself and on behalf of the above player, our heirs, assigns and next of kin, I hereby release, discharge and agree to hold harmless P.A.L. its employees, volunteers, officials, sponsors and other representatives from any and all claims, demands, costs, expenses and compensation arising out of or in any way related to any physical injury or other damage that may result to said participant while participating in any P.A.L. sponsored event, including any physical or other injury caused by the negligence of any such person while performing his/her duties at any time.

I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, DISCLAIMER, ASSUMPTION OF RISK AND WAIVER, INDEMNIFICATION AND ACKNOWLEDGMENT AND CONSENT AGREEMENTS, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I AND THE ABOVE PLAYER HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT FOR MYSELF AN ON BEHALF OF THE ABOVE PLAYER.

Parent Signature _____

Date _____

BIRTH CERTIFICATE	FEE AMOUNT	PAID	RECEIVED BY