



Gulfport Police Athletic League Membership Application



Membership Information (Child's Information, Please Print):

First Name: Middle Name: Last Name:
 Birth Date: / / Gender: Male Female School: Grade:

Parents/Guardian Information (Please Print):

First Name: Last Name: Male Female
 Relationship:

First Name: Last Name: Male Female
 Relationship:

Home Address: No P.O. Box Address Please
 (Street Address) Apt. Number

(City) (State) (Zip Code)

Work Address: No P.O. Box Address Please
 (Street Address) Suite Number

(City) (State) (Zip Code)

Home Phone #: Work Phone #:
 Parent Email Address:

Cell phone or other contact phone #:
 Other phone #:

Member Medical Information (Please Print):

Insurance Company:

Insurance Policy Number:

Primary Physician Information

Name
 Number
 Address

Medications:

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Add additional pages if necessary

Medical Problems/Allergies:

Add additional pages if necessary

Disclaimer:

The Police Athletic League of Gulfport is a non-profit 501 3c Corporation. Consequently in order to receive federal/government regulated funding we REQUIRE ALL information from the above application.

Emergency Contact Information:

Name	Address	Phone #	Phone #	Phone #

Persons who can check child out other than parents listed on front: Photo ID required to pick-up child.

Name	Address	Phone #	Phone #	Phone #

General Release of Liability:

In consideration of being allowed to participate in any way in the Gulfport P.A.L. program and related events and activities the undersigned agrees to the following:

I acknowledge and fully understand that each participant will be engaging in activities that may involve risk or serious injury; including permanent disability and severe social and economic losses, which might result not only from their actions, inactions or negligence, but the action, inaction or negligence of others, the rules of play or the condition of the premises or of any equipment used. Further, that there may be risks not known to us or not reasonably foreseeable at this time. To the best of my knowledge, my daughter/son is physically fit to engage in the activity in question. I understand that the Gulfport Police Athletic League and their employees and agents will exercise reasonable care while my daughter/son is in their custody and care engaging in activities through the Gulfport Police Athletic League Program. I agree to hold the Gulfport Police Athletic League and its employees and agents harmless from any and all liability, which may arise while exercising their duty of care, relating to my daughter/son for personal injury or illness that may be suffered or any loss of property that may occur to my daughter/son while participating in the Program.

Authorization for Emergency Care:

In case of accident or serious illness, and the program agent or employee is unable to reach me, I hereby authorize the agent or employee to contact the physician indicated on the application and to follow his/her instructions: If it is impossible to contact this physician, the Gulfport P.A.L. may make whatever arrangements necessary to provide care and treatment for my child. In case of accident/serious illness where the immediate treatment of my child is not necessary, but he/she is unable to remain at Gulfport P.A.L., the program personnel will contact me or arrange transportation for my child. If the Gulfport P.A.L. is unable to reach me, I authorize them to contact one of the persons indicated on the enrollment form and ask them to pick up and transport my child home.

Photo/Media Release:

I acknowledge and understand that publicity activities such as interviews, photos, and videotaping may occur. I consent and permit my child, as a participant in the P.A.L. After School Program and events, to be photographed, videotaped, and/or interviewed for publicity activities.

School Records Release Statement:

I give my consent for my son's/daughter's school records to be accessed by the Gulfport Police Athletic League for the purpose of gathering data for analysis of program effectiveness. The data accumulated will be aggregated without identifying any individual child.

Field Trip Permission Form:

I give permission for my child to participate in any Gulfport P.A.L. field trips designed to motivate or educate them in a positive manner. I understand that I will receive advance notice of these field trips and the specific details as they relate to that event.

*****By signing below, I acknowledge that I understand and agree to all of the above.***

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date