

**POLICE ATHLETIC LEAGUE
NFL FLAG FOOTBALL
REGISTRATION**

YOUTH'S NAME _____ DOB ____/____/____ **Age on July 31st, 2025** _____

ADDRESS _____ CITY _____ ZIP _____

PHONE (____) _____ HGT _____ WGT _____ Division 10U ____ 12U ____ 14U ____

SCHOOL _____ (Circle One) Jersey Size YS YM YL YXL AM AL AXL A2X

PARENT/GUARDIAN NAME _____ PHONE (____) _____

EMAIL ADDRESS _____

EMERGENCY CONTACT _____ PHONE (____) _____ RELATIONSHIP _____

EMAIL ADDRESS _____

MEDICAL INSURANCE _____ POLICY # _____ PHONE _____

Physician Name _____ Phone (____) _____ Medical Conditions _____

PLEASE READ CAREFULLY, INITIAL ALL, SIGN AND DATE

As the parent(s) of the above listed member of the Police Athletic League of Manatee County Inc (PAL), I (we) consent for participation in the PAL program for One year from the date of this application. I understand that membership, program, and activity fees are non-refundable _____ (Initial)

I (we) assume all risk and hazards incidental to above listed member, and that such participation including travel to and from activities, except to the extent of accident and liability carried by PAL of Manatee County Inc _____ (Initial)

I (we) do hereby further release, waive, absolve, indemnify and agree to hold harmless, PAL of Manatee County Inc, The Board of Directors, The Executive Director, The Manatee County Sheriff's Office, employees, supervisors, organizers, sponsors, coaches, participants, volunteers, and persons transporting above listed member to and from activities, from any claim arising from any injury to above listed member, except to the extent of accident and liability carried by PAL of Manatee County Inc. _____ (Initial)

I do hereby agree to accept full responsibility for all equipment issued to above listed members and will replace all equipment lost or damaged except for normal wear and tear _____ (Initial)

In the event of an emergency relating to above listed member, if I(we) am/are unavailable, I hereby give consent to the medical staff of the nearest medical facility to administer emergency care as deemed necessary by the facility's emergency staff, until I can be notified and arrive at the medical facility _____ (Initial)

I release the rights to all photographic material PAL might use for promotional activities without obligation to my child or myself _____ (Initial)

Due to the open door policy at PAL, it is understood and agreed upon that all members may come and go as they desire. Therefore, PAL will not be liable for your child leaving the building and or property, nor will PAL be responsible for your child participating in any activities without your permission. _____ (Initial)

*As parent/guardian of above listed member I understand that un-sportsman like or belligerent behavior by **MY CHILD or ME** will not be tolerated and can result in forfeiture of my child's participation in any PAL program. _____ (Initial)*

My signature below grants my child permission to participate in the Manatee PAL Flag Football program. I understand that football is a semi-contact sport where injuries may occur and my child may participate at his/her own risk. I fully understand and agree to all of the conditions stated above whether initialed or not, and will counsel/have counseled my child to conform to these rules and the authority of the employees of the PAL organization. **I affirm that I have insurance on my child and understand that the insurance provided by PAL is a secondary policy to my coverage which has a \$100 deductible.** I also understand that there is a \$30 returned check fee. _____ (Initials)

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

Official Use Only

Date/ Amount Paid ____ / ____ / ____ **\$** _____ **Receipt #** _____ **Division** _____ **Initial** _____