



APPLICATION TO PARTICIPATE IN P.A.L. ACTIVITIES

NAME OF PARTICIPANT: _____
SEX: _____ **RACE:** _____ **AGE:** _____ **DATE OF BIRTH** _____
ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP** _____
PARENT/GUARDIAN _____ **PHONE:** _____
EMAIL. (Child's or parents) _____ **Grade Entering:** _____

Sports Camp: _____

Does your child have any current condition that limits his/her ability to participate in this activity? **YES:** _____ **NO:** _____

If yes, please explain and identify any modification that would enable your child to participate _____

Please provide information about allergies or medical conditions that P.A.L. should have in case of emergency _____

I/We the parents(s)/guardian(s) of the above named candidate for participation in P.A.L. hereby give my/our approval to participate in any and all P.A.L. activities related to the above listed activity, including transportation to and from said activity.

I/We know that participation in said activity may result in serious injuries and protective equipment does not prevent all injuries to player, and do hereby waive, release, absolve, indemnify and agree to hold harmless the Toledo-Lucas County Police Athletic League, the organizers, sponsors, participants and persons transporting my/our child to and from activities for any claim arising out of any injury to my/our child whether the result of negligence or for any other cause, except to the extent and in amount covered by accident or liability insurance.

I/We agree to return upon request the uniform and/or other equipment issued to my/our child in as good a condition as when received except for normal wear and tear.

PARENT(S)/GUARDIAN(S) SIGNATURE: _____

SCHOOL: _____ **GRADE:** _____ **DATE:** _____

P.A.L. does not limit participation in its activities on the basis of disability.



Emergency Contract and Medical Authorization Form

Student's Legal Name

Last First MI Grade Allergies

Primary Contacts for Emergencies and Pick-up

Mother/Guardian: _____ Home Phone: _____
Cell/Work Phone: _____

Father/Guardian: _____, Home Phone: _____
Cell/Work Phone: _____

If divorced or legally separated, child's primary residence is with: Mother: _____, Father: _____

Additional Pick up Permissions

Name: _____, Relationship: _____

Name: _____, Relationship: _____

Name: _____, Relationship: _____

Is your child allowed to walk home: _____ Yes _____ No

Medical Authorization

In case of accident or illness, if the school/PAL is unable to contact those listed above and the emergency is acute, I hereby authorize school/PAL personnel to seek emergency medical care, including transportation to an emergency room.

Family Doctor: _____, Phone: _____

Hospital Preference: _____

Insurance Company: _____, Group #: _____, ID#: _____

To Refuse Medical Authorization

_____, I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment I authorize the school/PAL authorities to take the following action: _____

Certification of Accuracy

I hereby certify that the above information is accurate and valid. If there are any changes to this information, I will immediately notify the PAL office of the changes.

Parent / Guardian Signature: _____, Date: _____



TOLEDO-LUCAS COUNTY POLICE ATHLETIC LEAGUE SPORTS / ACTIVITIES CAMPS

Note to Parents:

Please be advised that camp sessions are limited. It is important that we receive your child's fully completed application as soon as possible. All applications received by May 1, 2019 will be confirmed no later than May 8, 2019 either by email or phone call. Applications received after May 1, 2019 will be confirmed within two weeks should spaces remain available. Only those families with confirmation will be permitted to participate in the PAL sports / activities camps.

*****Parents signing their child up for the baseball camp, week July 8th - July 12th must supply their child with a baseball glove*****

Because PAL would like to reach-out to as many families in the Toledo-Lucas County area(s), participation into the camps will not be based on (a) *Income restriction requirements* or (b) *Residency restriction requirements*. Please choose only (1) camp for your child to participate at this time, thank you.