



**Brevard County Sheriff's Office Charity, Inc.  
Police Athletic/Activities League  
Application Form**

700 S Park Ave Titusville, FL 32780  
Contact: kara@bcsocharity.org or (321)-241-4520

**Date:** \_\_\_\_\_

Please completely fill out the following information to register and return it to the address at the top with the Check:

**Name:** \_\_\_\_\_  
                     Last                                      First                                      Middle                                      Nickname

**Address:** \_\_\_\_\_  
                     Street                                      City                                      State                                      Zip Code

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**CIRCLE all that apply in each category:**                                      **Shirt size: Youth (\_\_\_) Adult (\_\_\_)**

**Sex:**    Male        Female

**Race:** Caucasian    African American    Latino    Asian    Native American    Other: \_\_\_\_\_

**PAL Program or Event:** \_\_\_\_\_

**School Information: Grade (1st – 12<sup>th</sup>):** \_\_\_\_\_ **School Name:** \_\_\_\_\_

**Does the participant have any medical problems or concerns that may interfere with his/her participation?** (If yes, please list)

\_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_



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# RELEASE OF LIABILITY & INDEMNITY

(Revised April 2010)

## READ CAREFULLY BEFORE SIGNING

In consideration of \_\_\_\_\_ my minor child/ward or \_\_\_\_\_ being allowed  
 (Name) ("My child") (MYSELF)  
 to participate in any way in Brevard County Sheriff's Office Charity, Inc./Police Athletic/Activities League (BCSO PAL)  
 program, related events and activities, to be held at, \_\_\_\_\_,  
 (Location of event)

sponsored by Brevard County Sheriff's Office Charity, Inc./Police Athletic/Activities League (BCSO PAL), 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 BCSO PAL. 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 Releasees 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.
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' my or my minor child's participation and qualification for any BCSO PAL 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.



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**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) (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: \_\_\_\_\_



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## **Code of Conduct**

I, \_\_\_\_\_, understand that while participating in the Brevard County Sheriff's Office Police Athletic League as a player or parent I am expected to abide by the mission of BCSO PAL. Our mission is: "To provide leadership, team building and heightened self-esteem, and to promote a drug free and alcohol free lifestyle, through positive law enforcement interaction, educational and athletic programs." I know that I am a vital link in helping to develop and display teamwork, leadership, discipline, self-esteem and positive moral values through wholesome competition and structured adult guidance.

I recognize that our community looks up to me as a role model and as such, I promise to abide by all of the BCSO PAL rules, I will show respect to my fellow BCSO PAL members and model only the most appropriate sportsman like behavior for our community at all times.

**Player Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent #1 Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent #2 Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Coach Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



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## EMERGENCY INFORMATION & CONSENT

(One For Each Youth- retained by PAL)  
 Updated July 2006

Athlete /Participant's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Parent/ Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Employer \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Family Medical Insurance:**

**Carrier** \_\_\_\_\_ **Group** \_\_\_\_\_  
**Policy#** \_\_\_\_\_ **Group#** \_\_\_\_\_ **ID#** \_\_\_\_\_

Family Physician Name \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Alt.# \_\_\_\_\_

Allergies (list): \_\_\_\_\_

Serious Medical Condition \_\_\_\_\_

I/we hereby grant consent to any and all health care providers designated  
 by \_\_\_\_\_

(Sports organization name)

to provide my child \_\_\_\_\_ any necessary medical  
 (Name)

care as a result of any injury/illness. This consent includes First Aid and transportation to/from health care providers.

\_\_\_\_\_ Date

\_\_\_\_\_ Parent/ Guardian's Signature



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State of Florida Association of Police Athletic/Activities Leagues, Inc.  
**DRUG/ALCOHOL/TOBACCO/CRIME/VIOLENCE  
FREE COMMITMENT**

I, \_\_\_\_\_, promise not to engage in the use of alcohol, drugs, or tobacco products at all times.

I promise to attend school daily and refrain from becoming involved in any disruptive behavior, violations of rules or policies of the school system.

I will make every effort to avoid violence at all times.

I will not violate the law at any time.

I will respect the rights of others and work to improve the lives of all people.

I will actively participate in the Police Athletic League, respect its rules, and set a good example at all times.

**Player Signature**

**Date**