



## NMB – PAL

### Participant Intake Form

2015-2016 School Year

**EVENT NAME:** \_\_\_\_\_

information **MUST** be completed, if not, this form will not be processed and will be returned to the participant.

#### PAL Participant Contact Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_ Race: \_\_\_\_\_

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_ Special Learning program: \_\_\_\_\_

1<sup>st</sup> Parent Name: \_\_\_\_\_ Home # \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

2nd Parent Name: \_\_\_\_\_ Home # \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Home # \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

#### PAL Participant Medical Information/History

Do you have any major illness/injuries?: \_\_\_\_\_

Are you allergic to any medication?: \_\_\_\_\_

Are you under the care of a physician?: \_\_\_\_\_

Are you taking any special medication?: \_\_\_\_\_

Do you have any physical limitations?: \_\_\_\_\_

Do you have any physical disabilities?: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Group: \_\_\_\_\_ Group#: \_\_\_\_\_ Policy#: \_\_\_\_\_ ID#: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Medical Release

I (we) \_\_\_\_\_ hereby grant consent to any and all health providers designated by the North Miami Beach Police Athletic League to provide my (our) child \_\_\_\_\_ any necessary medical care as a result of an injury/illness. This consent includes First Aid and transportation to and from health care providers.

Parent/Guardian Name Print: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### PAL Participant Release

I (we) \_\_\_\_\_ authorize my (our) child \_\_\_\_\_ to come and go by themselves in and out of the North Miami Beach Police Athletic League Program and activities.

Parent/Guardian Name Print: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I (we) \_\_\_\_\_ DO NOT authorize my (our) child \_\_\_\_\_ to come and go by themselves in and out of the North Miami Beach Police Athletic League Program and activities. I understand that I will be responsible for dropping and picking them up on time from the North Miami Beach Police Athletic League programs and activities. If name of persons is left blank, the NMB PAL may release your child to anyone your child can recognize.

Names of Persons my child may be released to:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

Names of Persons my child may NOT be released to:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

Parent/Guardian Name Print: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please read carefully before signing.**

In consideration of \_\_\_\_\_, my(self) minor child/ward being allowed to participate in any way in the North Miami Beach Police Athletic League program related events and activities to be held at any location, sponsored by the North Miami Beach Police Athletic League, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury to my (self) 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 (self) 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 RULES ARE SUBJECT TO CHANGE IN THE EVENT OF BAD WEATHER AND/OR OTHER THINGS BEYOND THE CONTROL OF THE NORTH MIAMI BEACH POLICE ATHLETIC LEAGUE. If I observe any unusual significant concern in my (self) child's readiness for participation and /or in the program itself, I will remove my(self) child from 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, 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 program's related events and activities, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my (self) child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself, my spouse, my child and behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releases 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 released parties the right to photograph and/or videotape said child or ward and further to use to 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. I certify that I am 18 years of age or older that I am entering into this agreement as the parent or legal guardian for a minor that is under 18 years of age.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS ITEMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGNING IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

1<sup>st</sup> Parent/Guardian Name: \_\_\_\_\_ Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

2<sup>nd</sup> Parent/Guardian Name: \_\_\_\_\_ Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

**UNDERSTANDING OF RISK**

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities of adhering to rules and regulations and accept them as a participant.

Print Participant Name: \_\_\_\_\_ Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

## General:

Reason(s) for joining: \_\_\_Fun \_\_\_Learning \_\_\_Sports \_\_\_Other: \_\_\_\_\_

## Household:

	\$0 - \$5000 _____	\$30,001 - \$35,000 _____	\$60,001 - \$65,000 _____
Annual Gross	\$5001 - \$10,000 _____	\$35,001 - \$40,000 _____	\$65,001 - \$70,000 _____
Household	\$10,001 - \$15,000 _____	\$40,001 - \$45,000 _____	\$70,001 - \$75,000 _____
Income:	\$15,001 - \$20,000 _____	\$45,001 - \$50,000 _____	\$75,001 - \$80,000 _____
	\$20,001 - \$25,000 _____	\$50,001 - \$55,000 _____	\$80,001 - \$85,000 _____
	\$25,001 - \$30,000 _____	\$55,001 - \$60,000 _____	\$85,001 - \$90,000+ _____

Do you live with your: \_\_\_Mom \_\_\_Step Mom \_\_\_Dad \_\_\_Step Dad \_\_\_Grandparent \_\_\_

Other: \_\_\_\_\_

Is there a Member of the Household 65 years old or Older: \_\_\_Yes \_\_\_No

Is there a Member of the Household Handicapped: \_\_\_Yes \_\_\_No

Current Head of Household: \_\_\_Female \_\_\_Male

Current Housing Area: \_\_\_\_\_

Current Single Parent: \_\_\_Yes \_\_\_No      Current Number in Household: \_\_\_\_\_

Number of Brother: \_\_\_\_\_ Ages: \_\_\_\_\_ Number of Sisters: \_\_\_\_\_

Ages: \_\_\_\_\_

