

SANTA CLARA POLICE ACTIVITIES LEAGUE **REGISTRATION FORM**

601 EL CAMINO REAL STE # 311, SANTA CLARA, CA 95050

PHONE: (408) 615-4880 FAX (408) 296-1346

Office Hours: 1 PM-5 PM

REGISTRATION FEE Paid \$_____ Date____

heck	Cash	Charge
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___ DATE____

 $\begin{array}{ccccc} \underline{Shirt\ Size:} & YS & YM & YL \\ (Circle\ One) & AS & AM & AL & AXL & AXXL \end{array}$

G D-1G-3-1-1-5-		DAME OF DEDMY		
CHILD'S NAME		DATE OF BIRTH	AGEMale Female	
ADDRESS				
HOME PHONE	STREET	CITY SCHOOL CURRENTLY ATTEN	ZIP CODE DING	
PARENTS/GUARDIAN		PHONE NUMBER		
WORK NAME & ADDR	ESS			
WORK PHONE		CELL PHONE		
ACTIVITY FOR WHICH	I YOUR CHILD IS REG	ISTERING:		
	BOWLING BMX _	_BOXING JUDO SOFTBALL	WRESTLING	
I understand that no refund	s will be issued after team pl	lacement. I will be responsible for transport	ing my child to all practices and games.	
PARENTAL CO	NSENT, INSURANCE N	NOTIFICATION, AND MEDICAL TRE	EATMENT AUTHORIZATION	
participation in any and all l participation including trans City of Santa Clara, Santa C	PAL activities during the cur sportation to and from activi- lara PAL, the respective san	rrent season. I/we do hereby assume all risk ities. I/we do hereby waive, release, absolve	, indemnify and agree to hold harmless, the es and the organizers, sponsors, supervisors,	
secondary when there is any accident with limited dental foregoing release, I/we acknoofficial within thirty (30) day	other valid and collectible in coverage for sound, natural owledge that: (1) any claim f as of the date of injury; (2) I/	e for medical and hospital expenses, with a d nsurance provided by parent/guardian. Lin teeth. A copy of the policy is available for it for medical service which arises out of an inj /we have read the forgoing release, understa does not constitute a direct premium payme	nspection at the PAL office. In signing the ury must be reported to a PAL league nd it and signed it voluntarily. I/we further	
Do you have HEALTH/GRO CARRIER:	OUP Medical Insurance: YI	ES () NO () AN # or MEDI-CAL	#	
PAL Candidate have read a	nd understand the above Pa	, I/we hereby grant author der the circumstances. I/we, the Parents/Gu arental Consent, Insurance Information Clau a for my/our child to participate in all official		
Emergency Contact		Emergency Phone Number	Relationship	
PARENTS SIGNATURE			DATE	
	(IF PARTICIPANT IS	UNDER 18)		

PARTICIPANT'S SIGNATURE_____

RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT (MINOR)

I, the parent/guardian ofin the activity listed in my child's registration form include	, agree to allow my child to participate ded associated travel.
I AM AWARE THAT THIS ACTIVITY IS INHERENTED ALLOWING MY CHILD TO PARTICIPATE IN THE ASSISTED, BOTH EXPECTED AND UNEXPECTED RISKS OR INJURY OR DEATH. INITIAL HERE	
In return for the benefits from my child's participation, I a Santa Clara, Santa Clara PAL, its officers, directors, emploss, injury or death connected with my child's participati intentionally or by willful misconduct. The Santa Clara F facilities and program participants for promotional purpos photograph in which he/she may appear. Photographs mathe City of Santa Clara Department website, or The Santa photos for consideration.	on in the activity except for loss, injury or death caused Police Activities League reserves the right to photograph ses. On behalf of my child, I agree to the use of any such my be used in brochures, displays with press releases, on
THIS RELEASE IS INTENDED TO PROTECT THE ITS OFFICERS, DIRECTORS, EMPLOYEES, AGE NEGLIGENCE. HOWEVER, THIS RELEASE IS NESPONSIBILITY FOR WILLFUL OR INTENTION LOSS, INJURY OR DEATH.	NTS, AND VOLUNTEERS FROM CLAIMS OF OUT INTENDED TO EXEMPT THEM FROM
AND FULLY UNDERSTAND ITS CONTENTS AND IT RELEASE OF LIABILITY, HOLD HARMLESS AGRE AND THAT IT IS A LEAGALLY BINDING CONTRAC	EMENT AND ASSUMPTION OF RISK AGREEMENT CT BETWEEN THE CITY OF SANTA CLARA, SANTA R UNDERSTAND THAT THIS RELEASE IS BINDING EXT OF KIN, SPOUSE, DOMESTIC PARTNER AND
TO BE COMPLETED BY PARENT OR GUARI I have fully read this Agreement and fully understan this release of liability and assumption of risk agreen	d its content. Furthermore, the significance of
Signature of parent or guardian:	Date:
Print parent/guardian name:	
Address:	
Signature of minors 13-17 years of age:	Date: