

POLICE ATHLETIC LEAGUE



Pride in Service with Integrity

The Police Athletic League (P.A.L.) is a recreation-oriented juvenile crime prevention program that relies heavily on athletics and recreational activities to create and cement the bond between the police officers and the kids on the street.

P.A.L. is based on the strong belief that children, if they are reached early enough, can develop a strong, positive attitude toward police officers in their journey through life towards the goal of adulthood and good citizenship.

Studies have shown that if a youngster respects a police officer on the ball field or in the gym, he or she will very likely come to respect the laws that the police officer enforces.

Participants of the P.A.L. contribute in various sports including basketball, football, dodge ball, soccer, boxing and jiu-jitsu fitness. The program attends field trips to the local movie theatres, the community pool, tours of our main and jail facilities. During our free time participants can play with our in house games such as table tennis, air hockey, and foosball table. We also have a variety of board games and challenges. In addition to these equipments, we also offer a gym with limited weights.

Such benefits to the youngsters, the neighborhood and the business community in which they grow up, are virtually immeasurable.

REQUIREMENTS:

- 1. Good moral character**
- 2. Be between the ages of 12 and 17 years old**
- 3. Pay a \$ 25.00 registration fee once a year**
- 4. Be in Middle and/or High School**
- 5. Present report card between semesters with a 2.0 GPA or higher**

Date Registered ____/____/____

Receipt # _____ Staff Initials _____

APPLICATION

LAST NAME FIRST MIDDLE

STREET ADDRESS CITY ZIP

HOME PHONE SOCIAL SECURITY # SEX M/F DATE OF BIRTH

NAME OF PARENT/GUARDIAN TO CONTACT IN AN EMERGENCY: _____
(RELATIONSHIP)

PARENT/GUARDIAN ADDRESS: _____

PARENT/GUARDIAN TELEPHONE: _____
HOME WORK

MEDICAL HISTORY

ALLERGIC TO ANY MEDICATION(S)? YES ___ NO ___ IF YES, WHAT _____

SEIZURES: YES ___ NO ___ TYPE: _____

ALLERGIES: YES ___ NO ___ TYPE: _____

CARDIAC CONDITIONS: YES ___ NO ___ TYPE: _____

ASTHMA: YES ___ NO ___ MEDICATIONS: _____

DIABETTES: YES ___ NO ___ MEDICAITONS: _____

SPECIAL DIETS: YES ___ NO ___ TYPE: _____

RESTRICTIONS, IT ANY? _____

MEDICATION(S) REQUIRED: YES ___ NO ___ TYPE: _____

OTHER: EXPLANATION: _____

DOES MEMBER WEAR CONTACT LENSES? YES ___ NO ___

IS THERE ANY HEALTH HISTORY THAT MIGHT ASSIST THE PERSON IN CHARGE,
SHOULD THIS MEMBERBECOME ILL? _____

FAMILY PHYSICIAN NAME ADDRESS PHONE #

NAME OF ACCIDENT/HEALTH INSURANCE GROUP #

IN CASE OF EMERGENCY:

Contact #1 _____ Home Phone: _____

Work Phone: _____

Cell Phone: _____

Contact #2 _____ Home Phone: _____

Work Phone: _____

Cell Phone: _____

**BROWARD SHERIFF'S OFFICE
HOLD HARMLESS AGREEMENT
PARENT/GUARDIAN RELEASE**

THIS RELEASE is made by _____ (Name of Parent or Legal Guardian)
Hereinafter referred to as "Parent/Guardian," on behalf of

_____ (Name of Child), hereinafter referred to as "Child."

IN CONSIDERATION of the Broward Sheriff's Office deputies escorting Child for the following purpose of visiting various BSO facilities, sites and locations and observing various demonstrations, associated with the program.

Parent/Guardian agrees as follows:

Parent/Guardian, on behalf of Parent/Guardian child, and their heirs, executors, administrators, and assigns, does knowingly and voluntarily agree to indemnify, defend and hold harmless the Broward Sheriff's Office, the Sheriff, or his directors, officers, deputies, employees, agents, representatives, volunteers or servants, whether officially or individually, from any liability, demands, claims, causes of action, and lawsuits resulting from any injuries or damages arising from or during escort/transportation or from any of the above stated activities.

AND I, the undersigned parent and/or legal guardian of the above named member, hereby request permission for the member to participate in the P.A.L. activities.

Medical: I represent and warrant to you that the member is physically and mentally able to participate in activities.

Consent to treatment: I authorize such physician or medical staff to provide treatment deemed necessary by them for the well being of such member. It is understood, however, that if hospitalization or treatment of a serious nature is required, the parent/guardian will be contacted, if possible, by telephone for permission.

RELEASE OF CLAIM On behalf of the member and myself, I acknowledge that the member will be using facilities at his/her own risk and I on my behalf, hereby release, discharge and indemnify the physicians, organizers, officers, directors, agents or employees of the Broward County Sheriff's Office/Police Athletic League from all liability for injury to person or damage to property of myself and member

I hereby certify that the member is in good health and I am not aware of any disease or injury that would be aggravated or result in the member being incapacitated or injured as a result of the member's participation in P.A.L., related activities.

I HAVE READ THIS RELEASE. I UNDERSTAND THAT IT AFFECTS MY LEGAL RIGHTS AND RESPONSIBILITIES, AND I HEREBY AGREE TO ITS TERMS AND CONDITIONS.

PARENT/LEGAL GUARDIAN DATE

MEMBER'S SIGNATURE DATE

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF BROWARD

The forgoing instrument was acknowledged before me this _____ day

of _____, 20____, by _____

Who is personally known to me or who has produced _____

As identification and who did (did not) take an oath.

(Seal)

Notary Public

Typed/Printed Name of Notary

Title or Rank, if any

Police Athletic League Code of Conduct

Parents/Guardian and P.A.L. members are required to read the policies listed below for attending the PAL gym. You must sign at the bottom of this form verifying you have read and agreed to these policies. Any P.A.L. member who violates any of the listed policies will be sent home.

- Members will be courteous to Coaches, members, adults, volunteers, etc.
- Members will ALWAYS be on time for field trips at the PAL facility.
- Members will ALWAYS be on time at the designated checkpoints on fieldtrips. If members are not at the designated checkpoint, members will be suspended from the following field trip. If it occurs a second time, members will be banned from ALL field trips.
- PAL t-shirts will be worn on all field trips and not taken off. NO EXCEPTIONS.
- Pants will be worn around waist, NOT hanging down your butt! No undergarments will be shown
- Members will be involved in clean-up everyday. No garbage should be left or thrown on floor inside or outside the gym.
- Coaches make and enforce rules. Their word is final.
- No abuse of PAL equipment. Equipment will be treated with care.
- No Foul language
- No bullying
- No running or horse play by weight room and/or in gym facility
- No tobacco products or drugs
- Coach's office is off limits unless told otherwise.
- Restricted areas including back storage room, kitchen, utilities and coaches office are off limits, unless otherwise told by coach.
- Any behavior deemed unruly will be brought to the PAL member's attention and consequences will be followed (i.e., stealing, putting hands on others.)

_____ Member name	_____ Signature	_____ Date
_____ Parent name	_____ Signature	_____ Date

**BROWARD SHERIFF'S OFFICE
POLICE ATHLETIC LEAGUE
2601 W. BROWARD BOULEVARD
FORT LAUDERDALE, FL 33321**

MEDICAL HISTORY

CHILD INFORMATION

Last Name	First Name	MI	
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Social Security Number	Date of Birth	Sex	
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Address	City	State	Zip

MEDICAL INFORMATION

Health Accident Insurance Company	Policy #
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HAVE OR SUBJECT TO (CHECK IF YES):

ASTHMA FAINTING SPELLS CONVULSIONS
 DIABETES HEART TROUBLE BLEEDING DISORDERS
 ANY CONDITION THAT MAY REQUIRE SPECIAL CARE, MEDICATION, OR DIET

EXPLAIN _____

ANY CONDITION REQUIRED REGULAR MEDICATION? IF YES, NAME OF MEDICATION _____

ANY RESTRICTION OF ACTIVITY FOR MEDICAL REASONS? IF YES, EXPLAIN _____

PARENT AUTHORIZATION

This medical history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, or to order injection for my son/daughter

Signature of Parent / Legal Guardian	Date
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Home phone #	Work phone #	Other #'s
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