

# POLICE ATHLETIC LEAGUE BASKETBALL LEAGUE and TRAINING

## REGISTRATION

YOUTH'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE (\_\_\_\_) \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_ HGT \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_  
 T-SHIRT SIZE( CIRCLE ONE SIZE) Youth Sizes S M L XL Adult Sizes S M L XL 2X

**LIST ANY MEDICAL CONDITIONS THAT MAY LIMIT PARTICIPATION**

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

PARENT/GUARDIAN NAME \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE(\_\_\_\_) \_\_\_\_\_

**PLEASE READ CAREFULLY, INITIAL ALL, SIGN AND DATE**

*As the parent(s) of the above listed member of the Police Athletic League of Manatee County Inc (PAL), I (we) consent for participation in the PAL program for One year from the date of this application. I understand that membership, program, and activity fees are non-refundable \_\_\_\_\_ (Initial)*

*I (we) assume all risk and hazards incidental to above listed member, and that such participation including travel to and from activities, except to the extent of accident and liability carried by PAL of Manatee County Inc \_\_\_\_\_ (Initial)*

*I (we) do hereby further release, waive, absolve, indemnify and agree to hold harmless, PAL of Manatee County Inc, The Board of Directors, The Executive Director, The Manatee County Sheriff's Office, employees, supervisors, organizers, sponsors, coaches, participants, volunteers, and persons transporting above listed member to and from activities, from any claim arising from any injury to above listed member, except to the extent of accident and liability carried by PAL of Manatee County Inc. \_\_\_\_\_ (Initial)*

*I do hereby agree to accept full responsibility for all equipment issued to above listed member and will replace all equipment lost or damaged with the exception of normal wear and tear \_\_\_\_\_ (Initial)*

*In the event of an emergency relating to above listed member, if I(we) am/are unavailable, I hereby give consent to the medical staff of the nearest medical facility to administer emergency care as deemed necessary by the facility's emergency staff, until I can be notified and arrive at the medical facility \_\_\_\_\_ (Initial)*

*I release the rights to all photographic material PAL might use for promotional activities without obligation to my child or myself \_\_\_\_\_ (Initial)*

*Due to the open door policy at PAL, it is understood and agreed upon that all members may come and go as they desire. Therefore PAL will not be liable for your child leaving the building and or property, nor will PAL be responsible for your child participating in any activities without your permission. \_\_\_\_\_ (Initial)*

*As parent/guardian of above listed member I understand that un-sportsman like or belligerent behavior by MY CHILD or ME will not be tolerated and will result in forfeiture of my child's participation in any PAL program. \_\_\_\_\_ (Initial)*

My signature below grants my child permission to participate in the Manatee PAL basketball program. I understand that basketball is a contact sport in which injuries may occur and my child may participate at his/her own risk. I fully understand and agree to all of the conditions stated above whether initialed or not, and will counsel/have counseled my child to conform to these rules and the authority of the employees of the PAL organization. **I affirm that I have insurance on my child and understand that the insurance provided by PAL is a secondary policy to my coverage which has a \$100 deductible.** I also understand that there is a \$30 returned check fee.

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

Official Use Only

Date/ Amount Paid \_\_\_\_/\_\_\_\_/\_\_\_\_ \$ \_\_\_\_\_ Receipt # \_\_\_\_\_ Division \_\_\_\_\_ Initial \_\_\_\_\_



The Police Athletic League of Manatee County, Inc.

202 13<sup>th</sup> Ave E

Bradenton, FL 34208

Manatee PAL Basketball Program 2020/2021

## WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

### ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of The Police Athletic League of Manatee County's programs, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
- **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 participation; and,
- I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS** The Police Athletic League of Manatee County, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), **WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH**, or loss or damage to person or property, **WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE**, to the fullest extent permitted by law.

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

Date signed \_\_\_\_\_ Participant Signature \_\_\_\_\_ Participant Name \_\_\_\_\_

### **FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, **EVEN IF ARISING FROM THEIR NEGLIGENCE**, to the fullest extent provided by law.

Date signed \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_

Name of Participant/child \_\_\_\_\_ Sport program: Manatee PAL Basketball

# MANATEE PAL HOOPS

## BASKETBALL

Registration for the 2020/21 Manatee PAL Hoops boys and girls youth basketball league is set to begin October 1, 2020.

The PAL league is comprised of 4 playing divisions in which players are strategically placed based on age and playing ability. Pre-season camps for each division are conducted to determine individual skill levels. All players are urged to attend as many camp days as possible so as to be properly evaluated. Spots are limited, so registrations are accepted on a 1<sup>st</sup> come 1<sup>st</sup> serve basis only. **PLEASE REGISTER EARLY.**

<u>Division</u>	<u>Age</u>	<u>Preseason Camp Dates</u>	<u>Time</u>
A	14 – 16 YOA	Mon/Wed NOV 16 <sup>th</sup> , 18 <sup>th</sup> , 30 <sup>th</sup> and DEC 2 <sup>nd</sup>	7:00 pm – 8:30pm
B	11 – 13 YOA	Mon/Wed NOV 16 <sup>th</sup> , 18 <sup>th</sup> , 30 <sup>th</sup> and DEC 2 <sup>nd</sup>	5:30 pm – 7:00 pm
C	8 – 10 YOA	Tue/Thu Nov 17 <sup>th</sup> , 19 <sup>th</sup> , and Dec 1 <sup>st</sup> , 3 <sup>rd</sup>	7:00pm – 8:30pm
D	5 – 7 YOA	Tue/Thu Nov 17 <sup>th</sup> , 19 <sup>th</sup> , and Dec 1 <sup>st</sup> , 3 <sup>rd</sup>	5:30 pm – 7:00 pm

**League fees are \$75 per player. These fees are due upon submission of registration form.**

**(NO REGISTRATION FORMS ACCEPTED WITHOUT FEES)**

**FINANCIAL ASSISTANCE MAY BE AVAILABLE FOR THOSE WHO  
DEMONSTRATE A NEED**

Volunteer coaches are needed for all divisions so anyone interested is asked to contact Deputy Francine Houston (941) 747-1118 ext 165 or (941) 932-7514