

MANATEE PAL HOOPS

BASKETBALL

Registration for the 2024/25 Manatee PAL Hoops boys and girls youth basketball league is set to begin October 1, 2024.

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 1st come 1st 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	NOV 5 th , 11 th , 18 th November 5th camp is 5:30 – 8:00 pm	5:30pm -7:30pm
B	11 – 13 YOA Tue	NOV 5 th , 12 th , 19 th November 5th camp is 5:30 – 8:00 pm	5:30pm – 7:30pm
C	8 – 10 YOA Wed	NOV 6 th , 13 th , 20 th	5:30pm – 7:30pm
D	5 – 7 YOA Thu	NOV 7 th , 14 th , 21 st	5:30pm – 7:30pm

League fees are \$100 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

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 _____