

ST. LOUIS COUNTY POLICE ATHLETIC LEAGUE

7900 Forsyth Boulevard St. Louis, Missouri 63105 314-458-5183 PAL@stlouisco.com



Visit our website at Stlouiscopal.org, like us on Facebook @ St. Louis County PAL, and follow us on Twitter @ StLouisCoPAL1

(PLEASE PRINT)

First Name	Middle	Last	
Gender Identity	Ethnicit	yDOB	Age
Address			
City	Sta	teZip c	ode
Current School:	Grade	e:	_
Parent/Guardian Name (PL	EASE PRINT)		
Parent phone		Email	
Siblings who are also members	bers of PAL (if any))	
Medical Information:			
Doctor Name	ctor NameDoctor Phone		
Permission for Treatment b			
Serious Health problems? Y	Y/N If yes, explain	<u>i</u>	
Allergies? Y/N If yes, exp	lain:		
Alternate Emergency Conta	act information (Par	rent/ Guardian above will be call	led first)
Name		phone#	
Name		phone #	
	_	e disclaimer and permission state to be used in public relations m	
Physical: (for safety identif	ication purposes)		
		Skin Color/Feature	s
Height	Weight		
Areas of interest:			
(Please circle all that app	ly. Used to plan fu	ture activities. Not all activitie	es are currently offered)
Basketball Soccer Football (Flag and/or con Boxing Swimming/ Basic Water S Volleyball Cheerleading	tact) H Y Survival R	ames (Electronic or board gar fomework Help ishing/ Archery oga/ Strength Training Running/ Track ooking Lessons forseback Riding/ Care for ho	

"Using athletics and activities to build bridges between police, kids and communities.

Creating positive change one relationship at a time."

PAL MEMBER BEHAVIORAL CONTRACT

<u>Member</u>	section:

are bound by the contract and are not free to vary from the terms and conditions. I,	ey
I will not bring real or fake weapons. I will not bring real or fake drugs. I will not use foul language I will not bring food or drinks onto the gym floor. I will not use my cell phone unless granted permission to do so. I will pick up after myself. I will be a team player when participating in activities. I will try to have a good attitude. I will dress appropriately for the day's activities. I will contribute and will volunteer help as needed. I will use common sense to the best of my abilities. I will seek the help of a supervising adult if I have a question or concern. I will be respectful of other's belongings, beliefs, and bodies. I agree that if I violate the contract by failing to perform the behaviors listed above, the following	
•	
I will talk with an adult (PAL officer/volunteer/coach) about the infraction. If the violation is more sever I will be temporarily removed from the activity and my parent/guardian will be notified OR I will be suspended from the program for a time determined by a PAL officer OR I will be permanently banned from participating in PAL activities.	re,
Parent/ Guardian section:	
I/We,(parent/parents)agree that if(PAI member) performs the positive behaviors as outlined above, my/our child will continue to earn the right to be a full participant in all applicable PAL activities.	L to
All parties acknowledge that this contract is entered into voluntarily and agree the terms and conditions will be respected. All parties also agree that the consequences and fault of violating the behavioral contract lie with the PAL member.	
Do you understand the terms of this contract? Yes / No	
PAL Member signaturedate	
PAL parent/guardian signaturedate	

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Photo Release

I hereby grant the Police Athletic League of St. Louis Count assigns, volunteers and sponsors the right to photograph n digital reproduction of him/her or other reproduction of hi processes, whether electronic, print, digital or electronic processes.	ny dependent and use the photo and/or other s/her physical likeness for publication
I,	
Child's name (Print)	
Parent/ Guardian signature:	Date:
Parent/ Guardian address:	
Parent/Guardian phone number:	

Youth Athletic/ Activities Waiver and Release of Liability

In consideration with allowing the child whom I am considered to be the legal parent or guardian of, to participate in the St. Louis County Police Athletic/Activities League (SLCPAL) related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- The risk of injury from activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury 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 child's participation.
- I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence of participation, I will remove my child from participation and bring such to the attention of the nearest league employee immediately.
- I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS SLCPAL, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
- I, on behalf of my participating child consent that the photographs, artwork, audio, video, or writing that is documented may be used by SLCPAL, its assigns or successors, in whatever way they desire, including television, CD-ROMs, web page, publications, and any other form for the storage, retrieval and reproduction of information, images; furthermore, I hereby consent that such information, photographs, videos, and the plates and/or tapes from which they are made shall be their property, and they shall have the right to sell, duplicate, reproduce and make other uses of such information, photographs, videos, recordings, and plates as they may desire free and clear of any claim whatsoever on my part.

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

Parent/Guardian name (Print)	
Parent/Guardian signature	Date
Child name (Print)	