PASCO POLICE ATHLETIC LEAGUE

8700 Citizen Drive • New Port Richey, FL 34654

FOOTBALL / CHEERLEADER REGISTRATION

NAME:

DOB:

Local League: _____

Participant Name: (last) _____ (first) _____ (middle) _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Is this the address on Participant's school records? ☐ Yes ☐ No

School child attends: _____

Parent/Legal Guardian Information:

Name: (last) _____ (first) _____ (middle) _____

Address: (street) _____ (city) _____ (state) _____ (zip) _____

Phone: (home) _____ (work) _____ (mobile) _____

Proof of Residency: _____

Emergency Contact: (Name) _____ Phone: _____

As the parent/guardian of the above named child, I give consent to their participation in any of the activities during the current PPAL season. I assume ALL risks and hazards incidental to the conduct of activities, transportation to and from activities, and I further release, absolve, indemnify and hold harmless the Pasco Police Athletic League, Inc., the organizers, sponsors or any supervisors appointed by PPAL, including any person transporting my child to and from activities. In case of injury received in practice or a game, my child may receive first aid. The team sponsor, League Director or Coach WILL NOT be held responsible for any medical care that might be required.

I certify that the proof provided to the League reflects our child's TRUE age, date of birth, school and place of residence. I understand that the penalty for misrepresentation of this information is forfeiture of all games played. I give consent for the League to investigate any records in order to verify my child's information.

INSURANCE AGREEMENT

Participant's Health Insurance Provider: _____ **Policy #:** _____

*****A LIMITED ATHLETIC BENEFIT INSURANCE POLICY IS PROVIDED FOR PARTICIPANTS. THIS INSURANCE COVERAGE IS INTENDED TO SUPPLEMENT YOUR INSURANCE. IF YOU DO NOT HAVE INSURANCE, THIS POLICY WILL COVER YOUR CHILD FOR A PERCENTAGE OF USUAL, REASONABLE AND CUSTOMARY CHARGES, LESS $100.00 DEDUCTIBLE. PARENTS OR GUARDIANS ARE RESPONSIBLE FOR PAYMENT OF ANY DEBTS THAT MAY OCCUR OVER THE REASONABLE AND CUSTOMARY CHARGES.**

I UNDERSTAND THE REGISTRATION FEE IS NON-REFUNDABLE. REGISTRATION FEE SHOULD BE PAID BEFORE MY CHILD IS ALLOWED TO PARTICIPATE OR RECEIVE UNIFORMS.

_____ _____

PARENT OR GUARDIAN SIGNATURE **DATE**

In the event of an injury and you (parent or guardian) cannot be reached, do you give his / her coach permission to have your son / daughter treated? ☐ Yes ☐ No

PPAL CERTIFICATION

I HEREBY CERTIFY THAT I HAVE SEEN PROOF OF AGE DOCUMENTATION AND AM SATISFIED THAT THE DOB LISTED ABOVE IS CORRECT.

_____

PPAL PRESIDENT / REP.

20 ____ _____
AGE DIV PARENTS SIGNATURE

20 ____ _____
AGE DIV PARENTS SIGNATURE

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