

Medical Information:

Physician Name: _____ **Phone:** _____

Medications: _____ **Allergies:** _____

Does your child have any special medical needs? _ Yes _ No (If “Yes” please explain): _____

General Release of Liability:

In consideration of being allowed to participate in any of the Sturgis PAL programs, related events and activities offered, **the undersigned agrees to the following:**

I acknowledge and fully understand that each participant will be engaging in activities that may involve risk of serious injury; including permanent disability and severe social and economic losses, which may result from their actions, in actions or negligence, and of others, the rules of play, the condition of the premises or of any equipment used. Additionally there may be risks not known to us or not reasonably foreseeable at this time. To the best of my knowledge, my daughter / son is physically fit to engage in all PAL activities. I understand that the Sturgis Police Athletic League employees, Sturgis Police Department employees and their agents will exercise reasonable supervision while my daughter / son is participating in activities by the Sturgis Police Athletic League. I agree to hold the Sturgis Police Athletic League, Sturgis Police Department’s employees and agents harmless from any and all liability, personal injury illness or any loss of property which may result while exercising their duty of supervision while participating in the Sturgis PAL Program.

Authorization for Emergency Care:

In case of accident or serious illness, and the PAL program is unable to reach me, I hereby authorize the STURGIS PAL program staff to contact the physician indicated on the application and to follow his/her instructions: If it is impossible to contact this physician, the STURGIS PAL may make arrangements necessary to provide care and treatment for my child. In case of an accident/serious illness where the immediate treatment of my child is not necessary, but he/she is unable to remain at a STURGIS PAL event, the program personnel will contact me or arrange transportation for my child. If the STURGIS PAL is unable to reach me, I authorize them to contact one of the persons indicated on the enrollment form (as emergency contacts) and ask them to pick up and transport my child home.

School Records Release Statement:

I give my consent for my son's / daughter's / ward's school records to be accessed by the Sturgis Police Athletic League through the Meade School District system. This is to enable the STURGIS PAL staff to gather data for program effectiveness, financial and academic eligibility.

Photo/Media Release:

I acknowledge, understand, consent and permit my child as a participant in the STURGIS PAL programs and events that involve interviewing, photographs, videotaping, publicity activities while participating in STURGIS PAL programs and events.

Trip Permission Form:

I give permission for my child _____ to participate in any STURGIS PAL program trip(s) whereby his/her participation in a designated away competition / event scheduled. I understand that I will receive advanced notice of these field trips and the specific details as they relate to that event.

*** Only a legal guardian and/or parent may register and sign this form. By signing below, I acknowledge that I understand and agree to all of the above. In addition, I certify that I am the legal guardian and/or parent of this applicant ***

Child's Name Parent or Guardian's Signature Date

PAL Staff / Volunteer Witness (please print) PAL Staff / Volunteer Witness Signature