

OSCEOLA COUNTY SHERIFF'S OFFICE

2601 E. Irlo Bronson Memorial Hwy, Kissimmee, FL 34744



Police Athletic League Registration Form

If you have any additional questions, please contact the School Resource Section at lkess@osceola.org or call 321-697-4413. Thank you for allowing us to serve your family!

Sincerely,



Osceola County Sheriff's Office Police Athletic League

Registration Form

2601 E. Irla Bronson Memorial Hwy., Kissimmee, FL 34744

Phone: 407-348-2222

Athlete's Name: _____, _____, _____, DOB _____ AGE _____
FIRST MIDDLE LAST

Male: _____ Female: _____ Race (Mandatory Background Check) White _____ Black _____ Indian _____ Asian _____

Address _____ City _____, State _____, Zip Code _____

Parent(s) or Legal Guardian(s) Information

Name _____, _____, Relationship _____
First Last

Address (if different than above) _____, _____, _____
Street City/State Zip code

Home Phone # _____, Work Phone # _____, Cell Phone # _____

EMAIL ADDRESS: _____

Name _____, _____, Relationship _____
First Last

Address (if different than above) _____, _____, _____
Street City/State Zip code

Home Phone # _____, Work Phone # _____, Cell Phone # _____

EMAIL ADDRESS: _____

Please list any allergies, medications and/or medical history you feel staff should be aware of

Emergency Contact (If unable to contact Parent(s)/Guardians)

Name: _____ Address _____

Telephone Number: _____ Cell phone Number: _____

Please Check Session in Order of Preference

Sports interested in

Archery ()

Baseball ()

Basketball ()

Boxing ()

Flag football ()

Golf ()

Ice Hockey ()

Roller/street Hockey ()

Have you ever participated in the Osceola Sheriff's Police Athletic League before? Yes () What Year? _____ No ()

Current School attending: _____

All T-Shirt Adult Sizes S _____ M _____ L _____ XL _____ 2XL _____

All Short Adult Sizes S _____ M _____ L _____ XL _____ 2XL _____

MEDICAL INFORMATION WAIVER

NOTICE OF PRIVACY RIGHTS FOR YOUTH

Optional, please complete if not covered by AAU

This notice describes how health information about you may be used and disclosed, and how you can get access to your protected health information. The Osceola County Sheriff's Office is dedicated to maintaining the privacy of your Protected Health Information (PHI). In conducting our business, we will create records regarding our youth and the treatment and services we provide to you.

We are required by law to maintain the confidentiality of health information that identifies them. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our agency concerning your PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time. We may use and disclose your PHI in the following ways: treatment, payment, health care operations, release of information to family/friends, disclosures required by law, public health risks, health oversight activities, lawsuits and other similar proceedings, law enforcement, research, serious threats to health or safety, military, and national security. You have the right to confidential communication,

requesting restrictions, inspection and copies, amendment, accounting of disclosures, right to paper copy of this notice, right to file a complaint, and the right to provide an authorization for other uses and disclosures.

AGREED BY _____ DATE _____

(Signature of Parent/Legal Guardian)

Medical Insurance _____ Policy # _____

Authorization Phone # _____

STATE OF FLORIDA, COUNTY OF _____

Before me personally appeared the said (parent) _____, who states that he/she executed the above instrument of his/her own will and accord, with full knowledge of the purpose thereof.

Sworn to and subscribed before me this _____ day of _____, 20_____

PHOTOGRAPHIC and VIDEO PERMISSION

Athlete's Name (First) _____ (Middle) _____ (Last) _____

The Sheriff's Office Police Athletic League utilizes photographs and video recordings of campers in its promotional material.

_____ **I hereby give my permission** for my child to be photographed or recorded while participating in the activities with the Police Athletic League. I also give my permission for those photographs or video taping to be used without charge by the Osceola County Sheriff's Office in their promotional materials.

_____ **I DO NOT** give my permission for my child to be photographed or recorded by the Osceola County Sheriff's Office for use in their promotional materials.

Parent/Guardian Signature

Date

Relationship

TRANSPORTATION AND OR CONTACT PERMISSION

Athlete's Name (Last) _____ (First) _____ (Middle) _____

I, _____,

(Signature of Parent/Guardian)

(Relationship to Camper)

do hereby give my permission for the following people to drop off or pick up my child while participating with PAL.

I understand that a photo ID is required for pick up.

DOB/_____ DL/_____

DOB/_____ DL/_____

THE FOLLOWING PERSON(S) ARE NOT ALLOWED TO VISIT OR HAVE ANY CONTACT
WITH MY CHILD AT ANY TIME. (PLEASE GIVE NAME AND RELATIONSHIP) IF SUCH
INDIVIDUAL IS A NATURAL PARENT OF THE CHILD, PROVIDE A COURT ORDER WHICH
AUTHORIZES YOUR EXCLUSIVE CUSTODY OR PROHIBITS SUCH CONDUCT BY SAID
PARENT.

ATHLETE BEHAVIOR/PARENT AGREEMENT RULE

1. Athlete's must not take or pick up another's clothes, equipment or belongings.
2. An Athlete is never to go anywhere by himself/herself
3. Athletes are not to touch other Athletes or Advisors unless a PAL activity requires physical contact.
4. **ONLY FUN ATTITUDES ARE WANTED.** Use of bad language or derogatory remarks are prohibited.
5. Athletes must attend/participate in assigned activities. There is no SKIPPING OR CUTTING ACTIVITIES.

We agree to the rules, regulations and activities explained in this packet. We understand that any disruptive behavior, (i.e. fighting, defiance, unwillingness to participate in daily activities etc.), requires me, the parent/guardian, to pick up my son/daughter immediately. It is solely my responsibility to make these arrangements.

PARENT/GUARDIAN signature _____ DATE _____



OSCEOLA COUNTY SHERIFF'S OFFICE

Sheriff Marcos R. Lopez

Release of Liability and Assumption of Risk

1. In consideration for receiving permission to allow the below named participant to participate in the OCSO Police Athletic League (hereinafter referred to as ACTIVITY), I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND HOLD HARMLESS for any and all purposes the Osceola County Sheriff and his respective officers, servants, agents, volunteers, or employees (hereinafter referred to as SHERIFFS) FROM ANY AND ALL LIABILITIES, RESPONSIBILITIES, CLAIMS, DEMANDS, CAUSES OF ACTION OR INJURY, INCLUDING DEATH, that may be sustained by participant while participating in such ACTIVITY, whether caused by SHERIFFS' negligence or otherwise, or while on the premises owned or leased by SHERIFFS. I acknowledge there may be physically strenuous activities. I know of no medical reason why participant should not participate.
2. I am fully aware that there are inherent risks involved with ACTIVITY, including but not limited to possible physical injury (including, but not limited to broken bones, strains, sprains, bruises, concussions, heart attack, heat exhaustion) and loss of life and I choose to voluntarily allow participant to participate in said ACTIVITY with full knowledge that said ACTIVITY may be hazardous to participant and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by participant as a result of participating in said ACTIVITY, whether supervised or unsupervised. I further agree to indemnify and hold harmless the SHERIFFS for any loss, liability, judgment, settlement, damage or costs, including court costs and attorney's fees for both the trial and appellate levels that may occur as a result of or in any way related to participant's participation in said ACTIVITY, whether caused by SHERIFFS' negligence or otherwise.
3. The Osceola County Sheriff's Office utilizes photographs and recordings of participants in Osceola County Sheriff's Office programs in its promotional material. I also give my permission for those photographs or videotaping to be used without charge by the Osceola County Sheriff's Office in their promotional materials.
4. I understand that SHERIFFS do not maintain any insurance policy covering any circumstance arising from allowing participant's participation in this ACTIVITY or any event related to that participation. As such, I am aware that I should review personal insurance coverage for participant.
5. I hereby certify that I am the legal parent/ guardian of the participant. It is my express intent that this release shall bind the members of my family and any other person who may claim the participant as family. The State of Florida in Osceola County shall be the venue and laws applicable to this document.

NOTICE: By signing this agreement you give up your right and the rights of the participant to bring legal action or recover compensation or obtain any other remedy for any injury to the participant or your property or for participant's death however caused arising out of participation in the Osceola County Sheriff's Office Adventure Camp Program now or anytime in the future.

Print Name of Participant

Date

Print Name of Participant's Legal Parent / Guardian

Signature of Participant's Legal Parent / Guardian

Print Name of Representative from Sheriff's Office

Signature of Representative from Sheriff's Office
