



# **OCSO PAL Participant Registration**

Name-\_\_\_\_\_

Date of birth-\_\_\_\_\_

School attending-\_\_\_\_\_

Level of soccer experience

- *No experience, I have not played much soccer.*
- *Some Experience, I have played some soccer.*
- *Experienced, I have played soccer for years.*

Skills you hope this camp will teach you, what do you want to learn?

---



---



---

### **Parent's or Legal Guardians information**

Name-\_\_\_\_\_ Relationship-\_\_\_\_\_

Address-\_\_\_\_\_ Phone-\_\_\_\_\_

### **Secondary Legal Guardian contact**

Name-\_\_\_\_\_ Relationship-\_\_\_\_\_

Address-\_\_\_\_\_ Phone-\_\_\_\_\_

Shirt size-  XS  S  M  L  XL  2XL



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

**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 \_\_\_\_\_