

OSCEOLA COUNTY SHERIFF'S OFFICE

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



Police Athletic League Registration Form

ANY QUESTIONS, PLEASE EMAIL OCSOPAL@OsceolaSheriff.org



Osceola County Sheriff's Office Police Athletic League

Registration Form

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

Phone: 407-348-1190

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

Male: _____ Female: _____ Shirt Size (**All T-Shirt Adult Sizes**) S _____ M _____ L _____ XL _____ 2XL _____

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 and Transportation

Emergency Contact Name: _____ **Address:** _____

Telephone Number: _____ **Cell phone Number:** _____

I, _____
(Signature of Parent/Guardian) (Relationship to Participant)

do hereby give my permission for the following people to drop off or pick up my child while participating with Osceola County Sheriff's Office Community Service.

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.

Participants Behavior/Parent Agreement Rule

1. Participants must remain in the designated area.
2. The use of cell phones is prohibited while working in designated area.
3. Participants must maintain a positive attitude and be willing to accomplish their task.
4. The 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** _____

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Medical Information Waiver

Notice Of Privacy Rights for Youth

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_____



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 Juvenile Outreach program (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 SHERIFF'S 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



GRACIE BARRA KISSIMMEE

BJJ Kissimmee Club, LLC - 3831 W Vine St Suite # 80, Kissimmee, FL 34741

WAIVER AND RELEASE

Last Name:	First Name:	Middle Initial:
Home Address:		
City and State:	Zip:	Phone:
Email:	D.O.B:	Driver's License and State:
Emergency Contact Name:	Phone:	
Guardian or Parent's Name:	Phone:	Driver's License and State:

Waiver and Release

You (hereafter referred to as the Member) agree that you are aware that you are engaging in physical exercise and the use of exercise equipment and the BJJ KISSIMMEE CLUB, LLC (hereafter referred to as the Academies) facilities, which could cause injury to the Member. The Member is voluntarily participating in these activities and assumes all risks of injury that might result. The Member hereby agrees to waive any claims or rights the Member might otherwise have to sue the Academies, their employees, or agents for injury to the Member on account of these activities. The member has carefully read this **WAIVER AND RELEASE** and fully understands that it is a release of liability.

The Buyer and Member warrant, represent, and agree that the Member is in good physical condition and the Member has no disability, impairment, or ailment preventing the Member from engaging in activity or passive exercise or that will be detrimental or inimical to the Member's health, safety, comfort, or physical condition or that of others, if the Member does so engage or participate. The Member represents that he/she will NOT use the facilities with any open cuts, abrasions, open sores, infections, or maladies with the intention of harm to the others, or otherwise in accordance with the public health requirements. The management of the Academies shall have the final determination in this respect; their decision is final.

MEMBER OR GUARDIAN SIGNATURE

DATE SIGNED

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Email gbokissimmee@gmail.com
Website: www.gbkickissimmee.com
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