



ASBURY PARK POLICE ATHLETIC LEAGUE SISTER CIRCLE APPLICATION



New Applicant _____ Renewal Application _____ Date _____

Please Print All Information

Participant Information:

Name _____ Age _____ Date of Birth _____

Address: _____ Apt. _____ City _____ Zip _____

School _____ Grade _____

Parent(s)/Guardian(s) Information:

Name _____

Address: _____ Apt. _____ City _____ Zip _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

In case of an Emergency, please list two people we may contact:

1. Name _____ Address _____
Phone _____

Relationship to youth _____

2. Name _____ Address _____
Phone _____

Relationship to youth _____

Medical Information

The following is in case there is an unforeseen emergency and your child has to be transported to the hospital.

Does your child have medical coverage? Yes_____ No_____

Medical Coverage Provider:_____ ID#_____

Physician Information:

Name: _____ Phone #:_____

Address: _____

Known allergies/Existing Medical Condition _____

MEDICAL EMERGENCY CONTACT

I consent, in the event of a medical emergency, that my child be given medical attention and if necessary medial treatment at a local healthcare agency.

I, _____(parent/guardian) of _____
give my consent for medical attention and/or treatment at a local healthcare facility, in the event of a medical emergency, accident, injury, sickness, etc., under the direction of the person(s) affiliated with the Asbury Park Police Department/City of Asbury Park, until such time as I can be contacted.

I hereby assume responsibility for payment of any such treatment.

In the event that I cannot be reached, the following are designated to act on my behalf: Please contact the following Care Provider (i.e. Grandmother/Aunt/Uncle/Cousin) who is over the age of 18.

First Name Last Name Middle Initial

Address City State Zip

Phone number Relationship to participant

RELEASE AND WAIVER OF LIABILITY AGREEMENT

I, _____ the parent/guardian(s) of _____, give consent for my child to participate in all Asbury Park Police Athletic League's Sister Circle activities. I, furthermore, agree to assume full responsibility for the safety of my child and hold harmless the Asbury Park Police Athletic League/Police Department and City of Asbury Park and its officers, Salvation Army and instructors.

LIABILITY CLAUSE

I understand that the Asbury Park PAL nor the City of Asbury Park shall be responsible or legally liable for any bodily injuries or the result of the incurred and suffered by my daughter on any property of the Asbury Park PAL or the City of Asbury Park or while engaged in any of its activities away from the PAL building unless such loss or injury results directly from negligence or a willful act of any employee associated with the Asbury Park Police Athletic League acting within the scope of his/her employment.

By the signature below, I acknowledge that I understand the provisions of this statement.

Parent/Guardian Signature

Date

PHOTOGRAPHY RELEASE

I consent to the use of photographs of my child during her membership with the Asbury Park Police Athletic League, publicity, brochures, etc.

Member Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Please return this application to Police Officer Wesley, upon its completion