



Police Athletic League of North Miami-PALNM

PROGRAM NAME: _____

PROGRAM FEE: \$ _____

REGISTRATION FEE: \$ _____

TRANSPORTATION FEE: \$ _____

Please fill out ALL required information. If not, this form will not be processed and will be returned to the participant.

PARTICIPANT INFORMATION

Participant Name _____
Last Name MI First Name

Home Address: _____
City/State/Zip

Phone Home: _____ Cell: _____

Sex: *Male/ Female/ or Other* If other, please specify: _____

Date of birth (DOB): ____/____/____ Age: ____ Race: ____
(MM) (dd) (yyyy)

Participant Shirt Size: *Small/ Medium/ Large/ Other* please specify: _____

➤ Please note that PALNM T-shirts come in adult sizes only. Thank you.

Parent/ Legal Guardian's Name: _____
First Name Last Name

Relationship to Participant: *Father/ Mother/ or Other* please specify: _____

PARTICIPANT RELEASE INFORMATION

I _____, the parent of _____
DO/ DO NOT authorize my child to come and go by themselves as well as sign
themselves out of all program/ activities of the Police Athletic League of North Miami
(PALNM).

- Upon completion of this PALNM intake form, please note that all PAL participants will be issued a PAL ID card, and this card is for the sole purpose of signing into the PALNM facility. Please note that at any time, all staff, employees, officers, and agents of the Police Athletic League of North Miami reserve the right to request/ revoke any PALNM issued ID from the participant listed above.

Parent/legal Guardian's Signature

____/____/____
Date

THIS FORM IS VALID FOR ONE YEAR FROM THE DATE SIGNED.



EMERGENCY CONTACT

Parent/ Legal Guardian's Name #1 _____
First Name Last Name

Relationship to Participant: *Father/ Mother/ or Other* please specify: _____

Parent/ Legal Guardian's Employer: _____

Cell Phone: _____ Work: _____

Parent/ Legal Guardian's Name #2 _____
First Name Last Name

Relationship to Participant: *Father/ Mother/ or Other* please specify: _____

Parent/ Legal Guardian's Employer: _____

Cell Phone: _____ Work: _____

If in the case that a Parent/ Legal guardian is unable to pick up the child from any PAL related programs/ or activities, the below will be a list of parties that are able to pick up the participant. Please refrain from the utilization of nicknames, as the PAL staff will request official government ID from the party picking up the child and will match the name on the ID to the name written on this application.

Emergency contact #1 _____
Last Name MI First Name

Relationship to Participant: _____ Cell: _____

Emergency contact #2 _____
Last Name MI First Name

Relationship to Participant: _____ Cell: _____

Emergency contact #3 _____
Last Name MI First Name

Relationship to Participant: _____ Cell: _____

I _____, the parent of _____
understand that I have the moral responsibility of contacting the Police Athletic League of North Miami if I am unable to pick up my child on time from any PALNM programs/ or activities and I must provide the legal name of the person coming to pick up my child. I also understand that if a person is coming to pick up my child from any PALNM programs/ or activities, and their name IS NOT on the emergency contact form, I have the moral responsibility of contacting the Police Athletic League of North Miami and addressing this matter with them. I must provide the full legal name of the party coming to pick up my child as it is written on their official government ID. As all staff, employees, officers, and agents are authorized to/ and will request official Government ID.

Parent/legal Guardian's Signature

____/____/____
Date

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MEDICAL INFORMATION

Participant Name _____
Last Name MI First Name

Is the participant listed above under the care of a physician? *Yes/ No*

If yes, please specify _____

Is the participant listed above taking any medication? *Yes/ No*

If yes, please specify _____

Is the participant listed above allergic to any medication? *Yes/ No*

If yes, please specify _____

Family Medical Insurance:

Carrier: _____ Group: _____

Policy#: _____ Group#: _____ ID#: _____

Family Physician Name: _____

Address: _____

Phone: _____ Alt. #: _____

Allergies (list): _____

Serious Medical condition _____

I _____ hereby grant consent to all health providers designed by the Police Athletic League of North Miami to my child _____ any necessary medical care as a result of an injury/ illness. This consent includes First Aid and transportation to and from health care providers.

Parent/legal Guardian's Signature

____/____/____
Date

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AUTHORIZATION FOR PHOTOGRAPHY/VIDEO

I, _____, the parent or guardian of _____ hereby authorize and give consent to the staff of The Police Athletic League of North Miami.

I hereby:

☐ **consent and authorize** or ☐ **do not consent and authorize**

the staff of The Police Athletic League of North Miami to take/use still photographs, digital photographs, motion pictures, television transmission, and/or videotaped recordings (hereinafter "Recordings") of me, my children, or my wards for educational, research, documentary, and public relations purposes.

Signature of Parent or Guardian

Signature of Witness

Date

Date

Any such Recordings may reveal your identity through the image itself without any compensation to you, your children, or wards.

All Recordings taken of you, your children or wards shall be the sole property of The Police Athletic League of North Miami

Regarding the use of any Recordings taken of you, your children, or wards, you hereby waive all present and future claims you may have against The Police Athletic League of North Miami their staff, Police Officers, employees, agents, and Board members.

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CONSENT FORM FOR MUTUAL EXCHANGE OF INFORMATION

School year: _____ - _____

Date: _____

Student's Name: _____

Age: _____

School Name: _____

Date of Birth: ____/____/____

School ID#: _____

School Login Information:

Portal: Dade/ Pinnacle/or Other

If other, (Please specify): _____

Username: _____

Password: _____

I, _____ the parent or guardian of
_____ hereby authorize and give consent to the mutual
exchange of records between The Police Athletic League of North Miami and the MIAMI-
DADE COUNTY PUBLIC SCHOOLS/ and or the BROWARD COUNTY PUBLIC SCHOOLS.

- *The specific records to be disclosed pertain to: demographics (e.g., race, income, etc.), grades, testing scores, attendance, progress reports, school placement. Behavioral records, Individual Education Plans, 504 documentation.*
- *The purpose for making these records available is: For the Police Athletic League of North Miami to best serve the youth's and their family needs.*
- *The receiving party will not disclose the information to any other party without signed consent.*

I certify that I am the parent or legal guardian of the child named above or that I am a student of majority age and have the authority to sign this release.

Parent/legal Guardian's Signature

____/____/____
Date

THIS FORM IS VALID FOR ONE YEAR FROM THE DATE SIGNED.

