



Fort Pierce Police Athletic League, Inc

903 South 21st. Ft. Pierce, Fl

772 - 466-0606

Enrollment Application

No Refund of Fees



APPLICATION DATE _____

Activity: (Please check one)

Boxing, Dance, Youth Leadership, Mentoring, Basketball, T-ball Pathway
Illumination Summer Camp, Spring Camp Winter Camp Track & Field, Football/
Cheer Golf Open Gym Soccer Karate

NAME _____ HOME # _____

ADDRESS _____ City _____ STATE _____ ZIP CODE: _____

DATE OF BIRTH _____ AGE _____ GENDER _____ GRADE _____

SCHOOL _____

RACE - (Please check one)

Table with 4 columns and 7 rows listing racial categories: White, Asian, Hispanic, Asian/White, Other Multi Racial, Asian Pacific Islander, Black/African American, American Indian/Alaskan Native, Native Hawaiian/Other Pacific Islander, Black/African American & White, American Indian/Alaskan Native & White, American Indian/Alaskan Native & Black/African American.

Parent(s) Name _____ Phone # _____

Parent(s) Email Address _____

Employer _____ Work # _____

Household Size _____ Household Income (check one)

___ Less than \$15,000 ___ \$15,000 - \$30,000 ___ \$30,000 - \$40,000 ___ \$40,000 - \$60,000 0 ___ over 60,000

I acknowledge that I am covered by medical insurance. In the absence of such insurance coverage, I hereby agree that in the event of an accident or injury, I relinquish any claim for compensation in so far as the Fort Pierce' Police Athletic League and the Fort Pierce Police Department, its employees, and coaches are concerned. Local and Travel trips may be provided through the courtesy of Ft. Pierce P.A.L. The parent/guardian(s) recognizes that neither the City nor any of its staff members, employees, or representatives has agreed to provide supervision on, during, or after the events. I give Ft. Pierce P.A.L. permission to use my child's picture in all publications if needed.

Parent/Legal Guardian Signature _____ Date _____

Insurance Group Name _____ Policy # _____ Group # _____



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THIS APPLICATION MUST BE ACCOPANIED BY A BIRTH CERTIFICATE

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Medical Release

(Emergency Information and Consent)

Athlete /Participant's Name _____ Nickname _____

Address _____ Phone: (____) _____

Parent/Guardian's name: _____

Address: _____

Employer: _____

Home Phone _____ Work Phone _____

Family Medical Insurance: Carrier _____ Group _____

Policy# _____ Group# _____ ID# _____

Family Physician Name _____

Address _____

Phone, (____) _____ Alt# _____

Allergies (List): _____

Serious Medical Condition _____

I/we hereby grant consent to any and all health care providers designated
 by _____
 (Sports organization name)

to provide my child _____ any necessary medical
 (Name)
 care as a result of any injury/illness. This consent includes First Aid and transportation to/from health
 care providers.

 Date

 Father's Signature

 Mother's Signature

Date



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CODE OF BEHAVIOR

Camp Teen Counselors, Adult Staff, & Campers

I, (please print) _____ do hereby agree to abide by the following code of behavior that has been established for the Fort Pierce PAL Summer Programs. I understand that the failure to comply with these rules will result in my suspension and/or expulsion from the program.

I also understand that the decision on who will be interacting in any activities is to be made by the instructors who will rely on recommendations from the staff members and adult volunteers. I also understand that if I do not abide by these rules the consequences listed will be enforced.

- I will arrive to the facility on time and fully prepared to participate.
- Do not touch other camper's belongings.
- I will sign in before entering the facility each and every time without fail and await the instructions of the Counselor.
- I will respect ALL coaches, Assistant Coaches, counselors and adult volunteers and will address each as COACH, SIR, or MA'AM.
- I will participate in all activities that are being performed by the other youths under the supervision of a coach and/or counselor.
- I will not question or challenge the supervision of the coach and/or counselor.
- I understand that any questions should be presented to the Director AT THE END OF THE SESSION.
- At the end of each session, I will assist in making sure all equipment and supplies are returned to their proper place.
- I understand that in the event of any injury that hinders my ability to complete my session, I can ask for permission to either 1) Sit QUIETLY until I am picked up or 2) Assist at the facility.
- While on fieldtrips or educational outing I will conduct myself properly, and I am expected to remain with the group at all times.
- *I will always be within sight and sound of my coach/counselor.
- *I will not display any sign of aggression towards PAL's staff or my peers.
- Disrespectful, abusive language will not be part of camp (No profanity, racial slurs, or putdowns)
- Do not damage or deface camp facility or property.
- Items of clothing which display profanity; advertises gang affiliation or products or slogans which promote tobacco, alcohol, drugs, or violence will not be allowed.
- Must wear closed-toe shoes at all times.
- Throwing objects is not allowed unless it is a planned activity such as sports.
- All prescriptions and over the counter drugs must be given to the camp director immediately upon arrival at the camp.
- If ill report the camp director.
- *No gambling or betting with money, overly display of affection, fighting, and threatening/physical abuse, stealing, tampering with sports equipment, and being under the influence of a mind altering substance are not allowed in camp.

Consequences:

1st infraction: Discuss the inappropriate behavior with an adult staff member and clarify the rules

2nd infraction: Camp Director or staff will call parent and discuss the inappropriate behavior and give a "time out" or appropriate consequence.

3rd infraction or any behavior listed with a *: Camp Director will request parent to pick up camper or teen counselor to be taken home and camp fee will not be refunded. Adult Staff members will be asked to leave camp immediately.

Youth/Adult Signature _____ Date: _____

All youth campers and teens counselors must include parent/guardian signature below:

I (Please print) _____, parent/guardian of the above youth have read and have assisted my child in understanding the above rules and requirements as a camp participant. We both understand the consequences that will follow as listed above if my child does not abide by the rules.

Parent/Guardian Signature _____ Date: _____