

CITY OF PLANTATION - PARKS & RECREATION DEPARTMENT - PAL REGISTRATION FORM

Only parents and legal guardians (court document or notarized letter) are able to register their children. All registrants must also provide a copy of the child's birth certificate. Passports are not accepted. In order to receive the Plantation resident rate registrants must provide proof of residency (i.e. current driver's license or a recent utility bill) each time they register. Please ask the front desk for other acceptable forms for proof of residency.

For refund policy refer to PAL Bylaws page 6 – Article V: Refunds – https://palsports.org – P.A.L. Documents

Primary Guardian			Primary Residence					
First Name:	Last Name:	Last Name:		Street 1:				
Birth Date:	Gender:		Street 2:					
Relationship to Child: (circle)	Birth Parent / Auth	orized Guardian*	City:		State:	Zip:		
Cell #:	Home #:	Work #:		Email:				
Secondary Guardian	-		Secondary Residence	9				
First Name:	Last Name:		Street 1:					
Birth Date:	Gender:		Street 2:			-		
Relationship to Child: (circle)	Birth Parent / Auth	orized Guardian*	City:		State:	Zip:		
	Home #:	Work #:		Email:				
Please note: Florida Public Records Law requires that all information-including email addresses-received in conjunction with City business be made available to anyone upon request, unless the information is subject to a specific statutory exemption.								
Emergency Contact – 3 rd party other than 2 guardians listed above								
Emergency Contact Name:			Relationship to Child:					
Cell #:		Home #:		Work #:				
Head Coach Asst Coach Team Parent Sponsor N/A			The Plantation Athletic League (PAL) is a volunteer athletic program which provides the youth of Plantation the opportunity to participate in organized sports such as baseball, basketball, soccer, flag football, softball, cheerleading, tackle football and lacrosse. The organization is operated and administered by volunteers in the community. PAL uses City parks and athletic fields for practices, games and tournaments. The Parks & Recreation Department oversees the registration process for all youth sports.					
Participant Information								
Child 1 First Name:	La	st Name:	DOB	8:	Gender:			
Please circle the sport you're registering this player for: Comments or requests: (special requests are not guaranteed)								
Baseball Flag Football Basketbal	l Softball Cheerleading	Tackle Football** Soccer						
Child 2 First Name:	La	st Name:	DOB	3:	Gender:			
Please circle the sport you're reg	Comments or reque	sts: (special requests a	are not guaranteed)					
Baseball Flag Football Basketbal	l Softball Cheerleading	Tackle Football** Soccer						
Child 3 First Name:	La	st Name:	DOB	3:	Gender:			
Please circle the sport you're registering this player for: Comments or requests: (special requests are not guaranteed)								
Baseball Flag Football Basketbal	l Softball Cheerleading	Tackle Football** Soccer						

* Authorized guardians include court appointed legal guardians, or an adult having a notarized letter from a birth parent or legal guardian giving permission to register the child for a PAL activity.

** Tackle Football is a tryout sport and will result in players being cut from team. Any cut player prior to team formation will receive a full refund after any loaned equipment is returned.

AUTHORIZATION AND RESPONSIBILITES

Player/Parent agrees that his/her child will play on the team he/she is assigned to and will actively participant in all scheduled practices and games. If a player is removed at the parents request the parent understands that they will not receive a refund. Once a child is assigned a team, a child is not permitted to resign from that team for any reason except for a verifiable medical reason. Any child resigning for any other reason may be suspended from ALL PAL activities for a period of a year. *For refund policy refer to PAL Bylaws page 6 – Article V: Refunds – https://palsports.org – P.A.L. Documents*

PAL PROVIDES SECONDARY MEDICAL INSURANCE ONLY. YOUR MEDICAL INSURANCE IS PRIMARY. It is your responsibility as a parent to document any injury.

Registering Parent / Legal Guardian

WAIVER & RELEASE OF ALL CLAIMS

Additional Comments:

Please read this form carefully and be aware in registering your child or ward for participation in this PAL program that you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of the program.

As a parent/guardian of a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries (including death), damages or loss which my minor child/ward or I may sustain as a result of participation in any and all activities connected with such program.

I agree to waive and relinquish all claims my minor/ward or I may have as a result of participating in the program against the City of Plantation and its officers, agents, servants, PAL and employees.

I hereby release and discharge the City of Plantation and its officers, agents, and servants and employees from any and all claims resulting from injuries (including death), damages and losses sustained by my minor child or me arising out of, connected with, or in any way associated with negligent acts or omissions of me or my minor child.

I have read and fully understand the above Program Details, Waiver and Release of All Claims and Permission to Secure Treatment.

Child(ren)/Ward's Name(s):	#1:	#2:	#3:						
Parent/Guardian Print Name:									
Parent/Guardian Signature:									
Date:									
	REGISTRATION IS NOT COMPLETE UNTIL PAYMENT IS MADE								
INTERNAL ONLY									
Household #:	Birth certificate(s) uploaded & checkb	oox checked:	Registration completed by:	Date:					