

VANCOUVER PAL REGISTRATION AND PERMISSION FORM

Please complete this form and return to your Vancouver PAL Club coaches. Thanks!

PERSONAL INFORMATION

Name _____ Age _____ Birth Date _____

Gender _____ School _____ PAL Program _____

Do you qualify for a free or reduced school lunch program? Yes No

CONTACT INFORMATION

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Email Address _____

Parent/Guardian Name _____ Work Phone _____ Cell Phone _____

Parent/Guardian Name _____ Work Phone _____ Cell Phone _____

Please list two additional people who we may contact in case of an emergency, injury, or illness.

Emergency Contact _____ Phone _____

Emergency Contact _____ Phone _____

MEDICAL RELEASE AND CONSENT FOR EMERGENCY TREATMENT

I, _____, the parent/legal guardian of _____ hereby freely and voluntarily authorize Vancouver PAL staff or volunteers to administer first aid and, in the case of an extreme emergency, to request and obtain emergency medical care at my expense from such medical provider as is immediately available in any situation that PAL employees or agents determine such care is required.

Please list any allergies, health, or medical conditions we should be aware of _____

Health Insurance Coverage? Yes No Insured Parent/Guardian _____

Medical Insurance Company _____ Insurance Policy/Group # _____

PERMISSION TO PARTICIPATE

I hereby request that Vancouver PAL allow my child to participate in (name of program) _____

I hereby state that I am voluntarily allowing my child to participate in this program and that I recognize that there are certain risks and dangers inherent in the participation in this type of activity. I understand Vancouver PAL cannot and does not guarantee or insure the safety of my child. I am willing to assume any risk of personal injury or property damage to my child in order to allow him/her to participate in this program. In consideration of Vancouver PAL allowing my child to participate in this program, I hereby agree to release, hold harmless, and defend the City of Vancouver, Vancouver PAL, Nautilus and their officials, administrators, employees, coaches, volunteers, and agents from any and all claims for damages or injury to my child arising out of his/her participation of this program. I also understand that if my child acts inappropriately that I the parent/guardian will be responsible for picking up my child from this event. I further understand that I may be contacted if such an event was to occur.

Please Check here () if you do not want your child to be photographed for any reason!

I HAVE READ THE FOREGOING AND I AGREE TO ALL THE TERMS AND CONDITIONS OF THIS AGREEMENT AND I HAVE READ THIS RELEASE AGREEMENT CAREFULLY BEFORE SIGNING IT.

Signature _____ Date _____

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