



West Melbourne Police Department
West Melbourne Police Athletic League, Inc.
Membership Application
2290 Minton Road, West Melbourne, Florida 32904
Office: 321- 871-7781 Fax: 321-952-2857

Join West Melbourne PAL for an annual membership fee of \$15.00 per person (additional fees may apply for individual programs). Please submit a copy of a birth certifiante with the application.

Today's Date: _____ Paid (ck#/Cash) _____

First Name: _____ M.I. _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Gender: _____ Date of Birth: _____ Age: _____ Race: _____

School: _____ Grade: _____ Free/Reduced Lunch: Yes No

Parent/Guardian Name: _____

Place of Employment: _____ Cell/Work# _____

Are you willing to volunteer your services: Yes No

Emergency Contact Information:

Emergency Contact Name: _____ Phone: _____

Cell Phone: _____

Please be advised that the applicant may be photographed which may be used for publicity purposes



Medical Releases Authorization & Consent for Treatment of Child

As the parent or legal guardian of _____, I hereby authorize and give consent for any treatment for my son/daughter (listed above) should it be deemed medically necessary by a qualified medical doctor or dentist. In the event I cannot be reached, I give the authorized PAL event supervisor the authorization to act on my behalf should a medical or dental emergency arise while participating in the West Melbourne Police Athletic League, Inc. activity or event.

Parent/Guardian Signature: _____ Date: _____

Liability Waiver

In consideration of our accepting this entry, I/we the undersigned, intend to be legally bound, hereby for myself, my heirs, executors, and administrators waive and release any and all claims for injury and damages, I may have against the West Melbourne Police Athletic League Inc., the City of West Melbourne, the West Melbourne Police Department, or our authorized agents for all injuries or damages suffered by said participant while participating in a West Melbourne PAL sanctioned activity or event. I certify that the information contained herein is true to the best of my knowledge.

I have read this medical release, liability waiver and assumption of risk agreement and fully understand its terms.

Participant's Name (Please Print): _____

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____

Notary Seal:

Date Notary's Commission Expires: _____

Notary's Signature: _____

Date Form Notarized: _____

