



# San Francisco Police Activities League

350 Amber Dr., SF, CA 94131 / voice: 415.401.4666 / web: www.sfpal.org

## SFPAL Waiver of Liability Form

*A Waiver of Liability Form must be filled out for each participant.*

*A single form submitted for multiple participants (i.e. sibling groups) will not be accepted.*

**\* REQUIRED FIELDS ARE MARKED WITH AN ASTERICK**

Sport*:	Team Name*:	Division:	
Last Name*:	First Name*:	Init.:	DOB*:
Address*:	City*:	State*:	Zip*:
School*:	Grade*:		
Parent/Guardian 1 Name*:	Email*:		
Home Ph*:	Cell Ph*:	Work Ph*:	
Address*:			
Parent/Guardian 2 Name:	Email:		
Home Ph:	Cell Ph:	Work Ph.:	
Address:			
Alternative Emergency Contact (NOT listed above)*:	Ph*:		
Insurance Company of Youth Participant*:	Policy #*:		
<b>Existing medical condition/medications*</b> (SFPAL requires a PAL Medical Clearance Form signed by a doctor—when existing conditions/medications are listed)			
<input type="checkbox"/> Existing Medical Conditions*			

In order for SFPAL to apply for foundation and individual support to underwrite our programs and keep costs at a minimum, we ask that you please respond to the following demographic information. *(This information is optional and confidential—we appreciate your assistance.)*

- Ethnicity of Youth: (please circle all that may apply or write in your response).  
 African American    Asian    Latino/a    Multi-Ethnic    Other Non-White    Pacific Islander    Native/American Indian  
                                  White    Other: \_\_\_\_\_
- Income Level (Please circle your annual household income):  
 Less than \$30,000    \$30,001-\$40,000    \$40,001-\$55,000    \$55,001-\$75,000    over \$75,001



**WAIVER OF LIABILITY (CONT.)**

The following requires a signature in TWO places from the parent/guardian of the participant. Failure to sign both areas will result in a delay of your child participating in the program.

**Consent of Medical Treatment**

As the parent/legal guardian of the above named participant, I herby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

✕ \_\_\_\_\_  
Signature of Parent/Guardian\* Date\*

**Consent to Rules and Regulations**

We have adopted "Team Up For Youth's" development model which is built on 5 building blocks: safety, skill development, physical activity, youth participation and personal relationships. We are a developmental program committed to engaging kids in healthy activities – especially kids that may not traditionally have these opportunities. **AS A PARTICIPANT IN THIS LEAGUE YOU ARE AGREEING TO PARTNER WITH US ON THIS ENDEAVOR. MY SIGNATURE BELOW VERIFIES THAT I AGREE WITH AND HOLD TRUE THE FOLLOWING INFORMATION:**

I, the parent/guardian of (insert child's name)\* \_\_\_\_\_ agree that the participant and I will abide by the rules of the SFPAL, its affiliates and sponsors. I understand that SFPAL participants must reside or go to school in San Francisco and I certify that my child meets this requirement. I hereby release, discharge and/or otherwise indemnify SFPAL, the San Francisco Police Department, the City and County of San Francisco, its affiliated organizations and sponsors, their employees and associated personnel against any claim by or on behalf of the participants as a result of participation in the program and/or being transported to or from the same, which transportation I hereby authorize.

**All boxes must be checked and your signature below in order for your child to participate in the SFPAL program:**

- I have read and agree to adhere to the "Coach/Parent/Spectator Code of Conduct".
- I have read, I understand and I will comply with the SFPAL Rules and Regulations
- I give SFPAL my permission to use my child's photo in promotional material.
- My child resides in and/or attends school in the City of San Francisco

Name (please print)\*: \_\_\_\_\_  
(Parent/Legal Guardian—Please Print)

Signature\*: ✕ \_\_\_\_\_ Date\*: \_\_\_\_\_

Thank you for choosing San Francisco Police Activities League (SFPAL). Since 1959 we have been building community by organizing youth sports and healthy activities that develop personal character and foster a positive relationship among police officers, youth and dedicated volunteers. We are a stand alone nonprofit organization and we do not receive city funding. Instead we rely heavily on corporate, foundation and especially individual donations so that we can keep our participation fees to a minimum and continue to waive fees when necessary. Participant registration fees represent only a small portion (33%) of the actual cost SFPAL incurs to run its leagues and activities. We ask you to help us ensure that all children – without regard to their ability to pay – can participate in worthwhile programs.

**Ways to make a donation to SFPAL:**

Mail a donation to:  
350 Amber Drive  
San Francisco, CA 94131

Donate on line at:  
[www.sfpal.org](http://www.sfpal.org)

All donations are tax deductible to the fullest extent of the law. For your tax records, an acknowledgement letter with SFPAL's tax ID# will be provided for your generous donation.

(Please be aware - we do not make telephone calls to solicit funds and if you give to organizations who represent themselves as PAL your donation will not support SFPAL.)