



SFPAL Waiver of Liability Form

* REQUIRED FIELDS ARE MARKED WITH AN ASTERICK

Sport*:	Team Name*:	Division:	
Last Name*:	First Name*:	Init*:	DOB*:
Address*:	City*:	State*:	Zip*:
Phone*:	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 #*:		
Existing medical condition/medications* (SFPAL requires a PAL Medical Clearance Form signed by a doctor—when existing conditions/medications are listed)			
<input type="checkbox"/> Existing Medical Conditions*			

Consent of Medical Treatment

As the parent/legal guardian of the above named participant, I hereby 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*

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.)

Dear Participant Family,

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. (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.) We ask you to help us ensure that all children – without regard to their ability to pay – can participate in worthwhile programs. *We fundraise approximately \$55 for each participant to cover the cost to run our soccer program. We ask you to partner with us and sponsor a child or two if you can.*

I understand that SFPAL’s fundraising efforts underwrite my child’s participation: **(Please check one)**

#1 I want to help underwrite the cost for all children to participate. In addition to the \$35, I would like to contribute \$_____ to support SFPAL’s mission. *
(For your tax records, an acknowledgement letter with SFPAL’s tax ID# will be provided for your generous donation).

OR

#2 I will pay the cost of \$35* and SFPAL will subsidize the additional cost for my child to participate.

**Teams with a paid coach/program choose #1 and pay at least \$75*

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 league 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:

Consent to Rules and Regulations

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 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*: _____