



PARTICIPANT APPLICATION

(Please Print/Type Black Ink Only)

Revised March 2024

Basketball Players

Junior League: 10 – 12 Y.O.A

Senior League: Boys 13 – 15 Y.O.A.

PERSONAL INFORMATION

First Name _____ MI _____ Last Name _____

Home Address _____ Apt. /Lot # _____

City _____ State _____ Zip _____ Phone # _____

Mother Name: _____ Father Name: _____

Mother Cell: _____ Father Cell: _____

Mother Email: _____ Father Email: _____

Player: _____ Race: _____ Sex: _____ Weight: _____ Height: _____

DOB _____ Age by June 1st: _____

School Name:(current) _____ Grade in Fall: _____

Jersey size: (Adult size available only): _____

Check their experience level one: _____ beginner _____ school team _____ City league _____ YMCA
_____ AAU _____ PAL _____ Other

PAL Activity: Summer Basketball 2024

● A completed application will require the following documents attached to this application: (1) photocopied State birth certificate, (2) a recent color photo not larger than 4X6, and (3) the registration fee of \$35.00. Applications accepted until **May 3, 2024, 5:00PM**

● PAL Officials will waive requirements (#1), if already on file from the previous year. Please submit a new photo.

● Applications will be accepted until all the spaces are filled in both leagues. Fees will be refunded only when a space is not available.

● All registrations forms & supporting documents must be returned to the Tallahassee Police Department, c/o the Police Athletic League, located at 234 E. Seventh Ave., Tallahassee, FL 32303 only!!!!

(Turn Over)

CONSENT WAIVER

I am allowing my child/ or ward _____
(Child's name)

to participate in the **basketball** league sponsored by the Tallahassee Police Athletic League, Inc.

In consideration of the benefits to be derived from participation on Tallahassee PAL's basketball league, I agree to waive all claims, both real and perceived, on behalf of my child which I have or may have against the City of Tallahassee, the Tallahassee Police Department, Tallahassee Parks & Recreation, Tallahassee PAL and its employees, officers, coaches, volunteers or assigns as a result of my child's participation in such activity.

You authorize Tallahassee PAL to use photos of your child on promotional materials without reservation or limitation. There will not be any monetary compensation paid for that use.

The laws of the State of Florida shall govern this agreement and any legal action relating to or arising out of this agreement shall be commenced exclusively in the circuit court in Leon County. I agree that I am 18 years of age or older and that I am entering into this agreement as the parent or legal guardian for a minor that is under 18 years of age.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY PROMISES.

Parent or Guardian signature

date

Notary signature required

date

Tallahassee PD officer's or the signature of an Officer from the Tallahassee Police Department *Any Officer at TPD can act as a notary for the purpose of this document as long as a legal photo identification is presented and verified, i.e. driver's license.)

Coach requested: _____

Only reserved for players in the SR. League

For use by PAL Staff:

COACH ASSIGNED BY P.A.L. _____