



DALLAS POLICE ATHLETIC LEAGUE

Application for Activities

PLAYER INFORMATION:

Name:					Nickname:	
Grade as of Sep. 08:		Age:		Sex:		Number of Years Played:
Address:						
City:		State:		Zip:		

PARENT/GUARDIAN AND EMERGENCY CONTACT:

Parent/Guardian Name:						
E-Mail Address:						
Home Ph:		Work Ph:		Cell Ph:		
Add'l Emergency Contact:					Relationship:	
Home Ph:		Work Ph:		Cell Ph:		
Family Doctor:				Doctor's Phone:		

ALLERGIES: (List all known)	Allergen	Reaction	Management
Medication			
Food			
Other			

MEDICATIONS BEING TAKEN: Please list all medications (incl. over the counter or non prescription drugs) taken routinely. Bring enough medication to last the entire camp. Keep in the original packaging that identifies the prescribing physician (if prescription), and name of the medication.

This person takes NO medications on a routine basis (circle one) Yes No

This person takes medications as follows:	Med 1	Dosage	Frequency of Dosage	Reason for taking
	Med 2	Dosage	Frequency of Dosage	Reason for taking

PROGRAM DETAILS:

Name of Local Sponsoring Organization:				
Name of Camp Program:		Date:		Time:
2nd Camp Prog. (if applicable)		Date:		Time:

EQUIPMENT: Check one, if applicable

Shirt Size

<input type="checkbox"/>	Youth Small
<input type="checkbox"/>	Youth Medium
<input type="checkbox"/>	Youth Large
<input type="checkbox"/>	Adult Small

Pant Size

<input type="checkbox"/>	Adult Medium
<input type="checkbox"/>	Adult Large
<input type="checkbox"/>	Adult X Large

<input type="checkbox"/>	Youth Small
<input type="checkbox"/>	Youth Medium
<input type="checkbox"/>	Youth Large

Check Activity: Football __, Basketball __, Boxing __, Soccer __, Cheerleader __, Baseball __, Other _____

This release is made to allow my child to participate in Dallas Police Athletic League Camps and its sponsored events. I recognize that my signature on this release is a condition of your permitting my child to participate. I agree that you may photograph and/or videotape my child during camp and its sponsored events and that you retain the rights to use these visual images in any manner you wish without compensation to my child. I further agree that you may use and license others to use my child's name, voice, likeness, and any biographical facts which may have been provided to you, including advertising and promoting the camp and its sponsored events. I certify that my child is in excellent physical health, and may participate in strenuous and hazardous physical activities, including various sports offered. I certify that there are no physical limits to my child's participation in the camps and their sponsored events. Permission is granted for my child to receive emergency medical treatment if needed. I hereby release and discharge the Dallas Police Athletic League., and all their affiliated entities from any and all liability, claims, demands, and causes of action for personal injury, property damage, and / or other loss suffered by my child in connection with his / her participation in the camps and their sponsored events.

I represent that I am a parent / guardian of the minor named above and I agree that the grant and release contained therein binds me and the minor to all of its terms.

Parent/Guardian Signature _____

Date: _____

****Complete and return to your program manager listed****

Official Use Only (please check)

Age Confirmation _____

Grade and Academic Confirmation _____