



MIAMI BEACH PAL
YOUTH PARTICIPANT APPLICATION

(Please Print/Type Black Ink Only)

PAL PROGRAM INFORMATION			
PROGRAMS:	<input type="checkbox"/> Police Explorers	<input type="checkbox"/> Warriors (Teen Fitness)	<input type="checkbox"/> ESOL
	<input type="checkbox"/> Little Innovators	<input type="checkbox"/> Mentoring	<input type="checkbox"/> Flag Football
Shirt Size (Adult Sizes):		Who can we thank for recommending you?	

PARTICIPANT INFORMATION			
First Name:		Last Name:	
Address:		City/State/ Zip Code:	
Date of Birth:	Age:	Gender: F M	
Student Cell Phone #		Student Home Phone #	
Race: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other _____		Student's Email: Ethnicity: Hispanic or Latino Non-Hispanic/ Latino Other _____	

SCHOOL INFORMATION	
<i>I hereby grant permission for my child to bring a copy of their report cards and progress report cards to the MB PAL program within three days of receiving them from the school upon request by (PAL Director) if the effort to maintain adequate record-keeping of each participant. If they are not received by the PAL Coordinator, the student will be at risk of forfeiting their place within the program.</i>	
Name of School:	
Grade Level (2025-2026):	
Do you receive free or reduced lunch in School?	Yes No
Have you received in/out of school suspension last/this School year?	Yes No
Have you been arrested/referred to the Dept. of Juvenile Justice within the last 5 years?	Yes No



#1 PARENT/GUARDIAN INFORMATION	
Full Name:	Contact No.:
Address:	City State Zip:
Email:	Relation:
#2 PARENT/GUARDIAN INFORMATION	
Full Name:	Contact No.:
Address:	City State Zip:
Email:	Relation:
EMERGENCY CONTACT INFORMATION	
<input type="checkbox"/> In the case of an emergency please attempt to contact parent #1 and #2 before contacting this Emergency Contact. <input type="checkbox"/> In the case of an emergency please contact this Emergency Contact.	
Full Name:	Contact No.:
Address:	City State Zip:
Email:	Relation:

HOUSEHOLD INFORMATION	
<i>The Department of Juvenile Justice requires this information by and through PAL in order to be in compliance with all regulations.</i>	
Household Size:	Annual Income: \$
What Type of Assistance does the Household Receive?	YES NO / TANF Food Stamps
Receives Government Assistance?	YES NO Female Head of Household? YES NO
English is the primary language spoken in the home?	YES NO Single Parent Home? YES NO
What is the primary language spoken at home? English Spanish Creole French Portuguese Other: _____	

RELEASE OF LIABILITY & INDEMNITY

(Read Carefully Prior to Signing)

In consideration of the services of the Miami Beach Police Athletic League, their agents, owners, officers, volunteers, participants, employees, all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "PAL"), I hereby agree to release, indemnify and discharge PAL, on behalf of myself, my spouse, and my children (if participant is under the age of 18), my heirs, assigns, personal representative and estate as follows:

1. The risk of injury to my child from the activities involved in these programs is significant, including the potential of permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist;
2. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; 3. I willingly agree to comply with the program's stated and customary terms and conditions for participation. PLEASE NOTE THAT THE RULES ARE SUBJECT TO CHANGE IN THE EVENT OF BAD WEATHER AND/OR OTHER THINGS BEYOND THE CONTROL OF MIAMI BEACH PAL. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official [or adult supervisor in the case of non-sports related events] immediately;
3. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives, and next of kin, HEREBY RELEASE THE other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Release"), WITH RESPECT TO any AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
4. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releases from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE to the fullest extent permitted by law.
5. I further grant the released parties the right to photograph and/or videotape said child or ward and further to use said child or ward's, name, face, likeness, voice and appearance in connection with exhibitors, publicity, advertising and promotional materials without reservation or limitation. The released parties are, however, under no obligation to exercise said rights herein granted.
6. This agreement shall be governed by the laws of the State of Florida, and any legal action relating to or arising out of this agreement shall be commenced exclusively in the Circuit Court of the Eleventh 11TH Judicial Circuit in and for Miami Dade County, Florida (or if such circuit court shall not have jurisdiction over the subject matter thereof, then to such other court sitting in said county and having subject matter jurisdiction). I certify 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.
7. I understand the seriousness of the risks involved in my or my minor child's participation in this program and me and my minor child's personal responsibilities for adhering to rules and regulations and accept them as a participant.
8. Submission of this and any additional paperwork does not guarantee my or my minor child's participation and qualification for any MIAMI BEACH PAL events.
9. I hereby promise to abide by all the MIAMI BEACH PAL'S RULES OF CONDUCT provided on our website: beachpal.org/coc 11. I hereby promise to abide by the MIAMI BEACH PAL'S ANTI-BULLYING POLICY provided on our website: beachpal.org/ab 12. MIAMI BEACH PAL reserves the right to accept and reject participating PAL Chapters and their participating PAL youth, adults, PAL
10. Staff for not adhering to rules set forth by MIAMI BEACH PAL (especially as it pertains to proper, correct, and timely submission of required paperwork) and not adhering to the deadline.

Fee Disclaimer:

Our nonprofit is committed to ensuring that all children and youth have access to safe, enriching, and empowering programs. We make every effort to provide our services at no cost to families, as we believe opportunities like ours should be available to everyone, regardless of financial circumstances. However, due to the unique nature of our new Youth Flag Football program, which requires uniforms, equipment, and other supplies—we are asking for a program fee of \$100 for the 6-week camp. Limited scholarships will be available for families most in need, and we encourage those who qualify to apply so that no child is turned away solely because of financial hardship.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, I FULLY ACKNOWLEDGE AND ACCEPT ALL RULES AND GUIDELINES AS SET FORTH BY SFAPAL AND FURTHERMORE UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant Full Name

Date

Parent /Guardian Full Name

Signature

Date

PARTICIPANT'S MEDICAL INFORMATION
Do you have any major Illness/Injury:
Do you have any allergies:
Primary Care Physician:
Primary Care Physician Phone #:
Are you taking any medication?
Do you have any physical limitations?
Do you have any physical disabilities?
Family Health Plan Carrier:
Policy #:

I/we hereby grant consent to any and all health care providers designated by, **Miami Beach Police Athletic League (PAL)** to provide my (our) child, _____ any necessary medical care as a result of any injury and/or illness. This consent includes First Aid and transportation to/from health care providers.

Parent/Guardian Full Name

Signature

Date

DOCUMENTS

Please attach pictures or PDFs of the required documents

Student Picture: (headshot)	
Student's Birth Certificate:	