



2011-2012 MEMBERSHIP



MEMBERSHIP NUMBER

Member Information

Last	First	DOB	Grade Fall 2010
Street		City	Zip Code
Parent 1	Cell Phone	Email	
Parent 2	Cell Phone	Email	
Medical Insurance Carrier:			
List any medical conditions for participant:			

Emergency Contact

Last	First	Relation	Phone
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(Office Use Only)

Payment Amount	Type or Check #	Date Recd.	Recd By
Waiver	Consent to Treat	Volunteer Form	Membership Card
Parent			

ALMA POLICE ATHLETIC LEAGUE
ASSUMPTION OF RISK AND RELEASE OF LIABILITY WAIVER

In consideration of _____ my minor child/ward being allowed to participate in any way in the Alma Police Athletic League Programs, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child from activities involved in these sports is significant, including death, and while particular rules, equipment, and personal discipline may reduce the risk of serious injury, the risk does exist; and,
2. For myself, spouse, and child I knowingly and freely assume all such risks, both known and unknown, even arising from the negligence of releases, or others and assume full responsibility for my child's participation; and,
3. I will willingly agree to comply with the programs stated and customary terms and conditions for participation. 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 participation and bring such attention to the nearest official immediately; and,
4. 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, sponsors, and Alma Police Athletic League partners, with respect to any and all injury, disability, death, or loss or damage to person or property incident to my child's involvement in these activities, whether arising from the negligence of the releases or otherwise, the fullest extent permitted by law.

CONSENT

I Hereby grant consent to any and all healthcare provider's designated by the Alma Police Athletic League to provide my child (listed above) any necessary medical care as a result of any injury/illness. This consent includes First Aid and transportation to/from the healthcare providers.

I have read this release of liability and assumption of risk fully understanding its terms, understanding that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Parent Signature

Date