

# SANTA CLARA POLICE ACTIVITIES LEAGUE WRESTLING APPLICATION

(Circle one) Youth: S M L  
Adult: S M L XL XXL XXXL

**Please Print:**

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PARENT/GUARDIAN NAME (S) \_\_\_\_\_

ADDRESS \_\_\_\_\_ Last Father Mother CITY \_\_\_\_\_ ZIP \_\_\_\_\_

SCHOOL CURRENTLY ATTENDING \_\_\_\_\_ PRESENT AGE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ EMERGENCY PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ WRESTLING EXPERIENCE - YEARS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

### RELEASE OF LIABILITY

In conjunction with my application for appointment in the Santa Clara Police Activities Wrestling Program and in consideration of my appointment as a member in said club, the undersigned agrees to accept such appointment at his/her own risk and expense and hereby releases and discharges the City of Santa Clara, its officers, agents and employees from all liability or injuries to person or property whether arising out of the negligent actions, affirmative or otherwise on the part of the City of Santa Clara, its officers, agents, employees, or independent contractors, or persons acting under the City's direction or control, or at the City's request, or with the City's permission or authority or from dangerous or defective conditions of City property or otherwise suffered or sustained by him/her, arising out of or in connection with the activities and/or public service performed as a member in the Santa Clara Police Activities League Wrestling Program.

"Injuries" as used herein shall include but in no way be limited to acts or omissions which cause or result in an impairment of the health of any person, including the undersigned, or which causes mental or emotional distress or disturbance of any kind to any person including the undersigned.

It is the purpose and intent of the parties hereto to hold the City of Santa Clara, its officers, agents and employees free and harmless. To save and release the City of Santa Clara, its officers, agents and employees of liability to the undersigned to the fullest extent permission by law. It is the intention and agreement of the parties hereto that the terms and provisions of the above paragraphs shall be liberally construed in favor of the City of Santa Clara and shall be construed in such manner as to carry out such purpose, intent and agreement.

The undersigned being the parent or guardian of \_\_\_\_\_ hereby join with  
APPLICANT'S NAME

him/her in requesting appointment as aforesaid and do join with him/her in granting a release and discharge the City of Santa Clara, its officers, agents and employees as set out in detail above.

Dated \_\_\_\_\_ Parent's or Guardian's Signature \_\_\_\_\_

**PLEASE DO NOT WRITE BELOW THIS LINE**

Date of Birth Certified: Yes [ ] No [ ] Accepted by \_\_\_\_\_

Registration Fee Paid: Yes [ ] No [ ] Check [ ] Cash [ ] Amount \$ \_\_\_\_\_ Accepted By \_\_\_\_\_

**SANTA CLARA P.A.L. HAS A NO REFUND POLICY!**