



SANTA CLARA POLICE ACTIVITIES LEAGUE
JUDO REGISTRATION FORM
 601 EL CAMINO REAL STE # 311, SANTA CLARA, CA 95050
 PHONE: (408) 615-4880 FAX (408) 296-1346
 Office Hours: 1 PM-5 PM (M-F) Call before coming

REGISTRATION FEE \$35 (incl. shirt)
 Paid \$ _____ Date _____
 Check _____ Cash _____ Charge _____
Shirt Size: YS YM YL
 (Circle One) AS AM AL AXL
 AXXX
Optional (Judo): Gi can cost between \$25.85 -37.20 each

CHILD'S NAME _____ DATE OF BIRTH _____ AGE _____
 Male ___ Female ___

ADDRESS _____
 STREET CITY ZIP CODE

HOME PHONE _____

SCHOOL CURRENTLY ATTENDING _____

PARENTS/GUARDIAN _____ HOME PHONE NO: _____

WORK NAME & ADDRESS _____

WORK PHONE _____ CELL: _____

I understand that no refunds will be issued after team placement. I will be responsible for transporting my child to all practices and games.

PARENTAL CONSENT, INSURANCE NOTIFICATION, AND MEDICAL TREATMENT AUTHORIZATION

I/we, the parents/guardians of the above names candidate for a position on a SANTA CLARA PAL team, hereby give my/our approval to his/her participation in any and all PAL activities during the current season. I/we do hereby assume all risks and hazards incidental to such participation including transportation to and from activities. I/we do hereby waive, release, absolve, indemnify and agree to hold harmless, the City of Santa Clara, Santa Clara PAL, the respective sanctioning associations organizations or leagues and the organizers, sponsors, supervisors, participants and persons transporting my/our child to and from activities, for claims arising out of injury to my/our child.

Santa Clara PAL has group accident insurance coverage for medical and hospital expenses, with a deductible for each accident. The insurance is secondary when there is any other valid and collectible insurance provided by parent/guardian. Limited coverage is provided for any one accident with limited dental coverage for sound, natural teeth. A copy of the policy is available for inspection at the PAL office. In signing the foregoing release, I/we acknowledge that: (1) any claim for medical service which arises out of an injury must be reported to a PAL league official within thirty (30) days of the date of injury; (2) I/we have read the forgoing release, understand it and signed it voluntarily. I/we further understand that any registration fee or other sums paid does not constitute a direct premium payment for insurance.

Do you have HEALTH/GROUP Medical Insurance: YES () NO ()
 CARRIER: _____ PLAN # _____ or MEDI-CAL # _____

In the event of injury to my/our child, _____, I/we hereby grant authority to a qualified physician to render such medical treatment as said physician deems necessary under the circumstances. I/we, the Parents/Guardian of the above names SANTA CLARA PAL Candidate have read and understand the above Parental Consent, Insurance Information Clause, and Medical Treatment Authorization. By signing this registration Form, I/we grant permission for my/our child to participate in all officially recognized PAL activities.

Emergency Contact _____ Emergency Phone Number _____ Relationship _____

PARENTS SIGNATURE: _____ Date _____
 (IF PARTICIPANT IS UNDER 18)

PARTICIPANT'S SIGNATURE _____ DATE _____

**RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT
(MINOR)**

I, the parent/guardian of _____, agree to allow my child to participate in the activity listed in my child's registration form included associated travel.

I AM AWARE THAT THIS ACTIVITY IS INHERENTLY DANGEROUS AND AM VOLUNTARILY ALLOWING MY CHILD TO PARTICIPATE IN THE ACTIVITY WITH KNOWLEDGE OF THE RISKS INVOLVED, BOTH EXPECTED AND UNEXPECTED, AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OR INJURY OR DEATH.

INITIAL HERE _____

In return for the benefits from my child's participation, I agree not to sue and release and hold harmless the City of Santa Clara, Santa Clara PAL, its officers, directors, employees, agents and volunteers from any liability for any loss, injury or death connected with my child's participation in the activity except for loss, injury or death caused intentionally or by willful misconduct. The Santa Clara Police Activities League reserves the right to photograph facilities and program participants for promotional purposes. On behalf of my child, I agree to the use of any such photograph in which he/she may appear. Photographs may be used in brochures, displays with press releases, on the City of Santa Clara Department website, or The Santa Clara PAL website. Individuals may submit their photos for consideration.

THIS RELEASE IS INTENDED TO PROTECT THE CITY OF SANTA CLARA, SANTA CLARA PAL, ITS OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, AND VOLUNTEERS FROM CLAIMS OF NEGLIGENCE. HOWEVER, THIS RELEASE IS NOT INTENDED TO EXEMPT THEM FROM RESPONSIBILITY FOR WILLFUL OR INTENTIONAL ACTS OR OMISSIONS WHICH RESULT IN LOSS, INJURY OR DEATH.

I HAVE CAREFULLY READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. AND FULLY UNDERSTAND ITS CONTENTS AND IMPLICATIONS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, HOLD HARMLESS AGREEMENT AND ASSUMPTION OF RISK AGREEMENT AND THAT IT IS A LEGALLY BINDING CONTRACT BETWEEN THE CITY OF SANTA CLARA, SANTA CLARA PAL, MYSELF AND MY CHILD. I FURTHER UNDERSTAND THAT THIS RELEASE IS BINDING ON MY HEIRS, PERSONAL REPRESENTATIVES, NEXT OF KIN, SPOUSE, DOMESTIC PARTNER AND ASSIGNS. I SIGN THIS AGREEMENT OF MY OWN FREE WILL.

TO BE COMPLETED BY PARENT OR GUARDIAN OF MINOR PARTICIPANTS

I have fully read this Agreement and fully understand its content. Furthermore, the significance of this release of liability and assumption of risk agreement had been EXPLAINED TO THE MINOR.

Signature of parent or guardian: _____ Date: _____

Print parent/guardian name: _____

Address: _____

Signature of minors 13-17 years of age: _____ Date: _____