

ASHLAND POLICE DEPARTMENT POLICE ATHLETIC LEAGUE

THIS 3-PAGE FORM MUST BE SUBMITTED TO THE ASHLAND POLICE DEPARTMENT BEFORE A PARTICIPANT CAN PARTICIPATE IN ANY ASHLAND POLICE DEPARTMENT POLICE ATHLETIC ACTIVITY.

PARTICIPANT EMERGENCY INFORMATION

Please print the following information:

First Name: _____ Last Name: _____

Home Address: _____

Town / Zip: _____ Home Telephone Number: _____

Grade: _____ Date of Birth: _____

Father / Guardian Name: _____ Mother / Guardian Name: _____

Father / Guardian Work #: _____ Mother / Guardian Work #: _____

Other Emergency Number: _____ Parent / Guardian E-Mail: _____

Date of Last Physical: _____ Any Known Allergies: _____

PERMISSION TO PARTICIPATE IN ASHLAND POLICE ATHLETIC LEAGUE

We the undersigned father and mother (guardians) of _____ a minor, do hereby consent to his/her participation in voluntary Police Athletic League programs, and do forever RELEASE, acquit, discharge, and covenant to hold harmless The Ashland Police Department, The Ashland Police Athletic League, The Town of Ashland, State of Massachusetts, and its successors, department, officer, employees, servants and agents, of and from any and all actions, causes of actions, claims, demand, damages, costs, loss of services, expenses and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damages which we/I may now or hereafter have as the parent(s) or guardian(s) of said minor, also all claims or right of action for damages which said minor has or hereafter may acquire, either before or after he/she has reached his/her majority resulting or to result from his/her participation in the Ashland Police Athletic League programs, FURTHERMORE, we/I hereby agree to protect The Ashland Police Department and its successors, department, officer, employees, servants, and agents, against any claims for damages, compensation, or otherwise the part of a minor growing out of or resulting from injury to said minor in connection with his/her participation in The Ashland Police Department, or its successors, department, officers, employees, servants and agents any loss or damages or costs, including attorney's fees, the Town or its representatives may have to pay if any litigation arises from said minor's intentional, grossly negligent, or reckless actions or omissions while participating in said programs.

Parent / Guardian Signature: _____ Date: _____

Participants Signature: _____ Date: _____

Health Insurance Company: _____ Policy # _____

Physicians Name: _____ Physicians Phone #: _____

Dentists Name: _____ Dentists Phone #: _____