

# Topeka Police Athletic League

## Presents

### Fall 2016 Flag Football

PAL Director: Tom Powell 221-5010 or [tomthephotoman@cox.net](mailto:tomthephotoman@cox.net)

When: Saturdays for 6 weeks

Where: Highland Park High School

Starts: September 17th at 9:00 AM

For boys and girls ages 6-9/10-12

Final League game played at Hummer Sports Park

Additional forms available at [www.topekapal.org](http://www.topekapal.org)



Deadline: September 3, 2016 5:00 PM

Mail or bring to:

PAL / Topeka Police Department

320 S. Kansas

Suite 100

Topeka, KS 66603

Fee: \$30.00 per participant

**CHECK OR MONEY ORDER ONLY!**

**NO EXCEPTIONS!!!**

Name: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

Male     Female    Ages as of 9/1/16    \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Grade in School \_\_\_\_\_ Name of School \_\_\_\_\_

Is Parent Interested in Coaching? \_\_\_\_\_ If yes, please list name and contact number: \_\_\_\_\_

If you are registering as a full team, please list coach and coach's contact number: \_\_\_\_\_

**(Coaches: if you are registering a full team, please submit all your applications together WITH PAYMENT!)**

Paid By:     Check (#            )     Money Order

In return for my child ("Participant") being allowed to participate in the Topeka Police Athletic League flag football program, I release and agree not to sue the Topeka Police Athletic League, its board members, their employees, sub-contractors, sponsors, agents, and affiliates from all present and future claims that may be made by the Participant or me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of the Participant's participation in the Program and caused by the ordinary negligence of the parties listed above, wherever, whenever, or however the same may occur. I understand and agree that those listed above are not responsible for any injury or property damage arising out of the Program, even if caused by their ordinary negligence. I understand that participation in the Program involves certain risks, including but not limited to serious injury. I am voluntarily allowing Participant to participate in the Program with knowledge of the danger involved and agree to accept all risks of such participation. I certify that the Participant is in excellent physical health, and may participate in strenuous and hazardous physical activities, including the football to be played in the Program. Permission is granted for Participant to receive emergency medical treatment, if needed. I also agree to indemnify and hold harmless those listed above for all claims arising out of Participant's participation in the Program and all related activities. I agree to let the parties use Participant's name and likeness free of charge in any manner and for any purpose without compensation to me or Participant. I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Program is taking place and agree that if any portion of the Agreement is invalid, the remainder will continue in full legal force and effect I am the parent or legal guardian of the Participant. I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

I represent that I am a parent/legal guardian of the child named above, and agree that the terms of this release are binding on me and the child.

Parent/Legal Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**ALL APPLICATIONS RECEIVED AFTER THE DEADLINE WILL BE PUT ON A WAITING LIST!  
ALL APPLICATIONS WITHOUT PAYMENT WILL BE RETURNED!**