



# HEMPSTEAD PAL KARATE

BOYS AND GIRLS AGES 7-15

TUES & THURS 6-8pm

HEMPSTEAD PAL CENTER  
13 MARTIN LUTHER KING DR

FOR MORE INFORMATION  
CONTACT DET. ROBERTS

516-478-6521

[VOHEMPSTEADPAL@GMAIL.COM](mailto:VOHEMPSTEADPAL@GMAIL.COM)

REGISTRATION APRIL 29 6-8PM

@HEMPSTEAD PAL CENTER

PROFESSOR DAVENPORT

# HEMPSTEAD P.A.L. KARATE

CHICOS & CHICAS

EDADES 7 a 15

MARTES & JUEVES de 6-8pm

HEMPSTEAD PAL CENTER

13 MARTIN LUTHER KING DRIVE

Para mas informacion contactar a la:

Det. Roberts (516) 478-6521

[VOHEMPSTEADPAL@GMAIL.COM](mailto:VOHEMPSTEADPAL@GMAIL.COM)

REGISTRACION, ABRIL 29 de 6-8 pm

En el CENTRO DE PAL en HEMPSTEAD

PROFESOR: DAVENPORT



2019-2020

Village of Hempstead Police Athletic League, Inc.

REGISTRATION FORM

Please fill out separate application for each child and each program

CHILD NAME (print clearly) \_\_\_\_\_  
First Name Last Name

ADDRESS (include town and Zip Code) \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

DOB \_\_\_\_\_ AGE \_\_\_\_\_ GENDER \_\_\_\_\_

GRADE \_\_\_\_\_ Current School Attending \_\_\_\_\_

ANY MEDICAL PROBLEMS (IF YES, EXPLAIN) \_\_\_\_\_

PROGRAM REGISTRATION ACTIVITY \_\_\_\_\_ KARATE

T-SHIRT SIZE: Adult/Child \_\_\_\_\_ PROGRAM FEE \$30.00 MONTHLY

PRINT FULL NAME OF PARENT/GUARDIAN \_\_\_\_\_

ADDRESS (include town and Zip Code) \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

CAN PARENT ASSIST/VOLUNTEER TIME YES OR NO

PLEASE NOTE ALL FEES ARE DUE PRIOR TO THE START DATE OF THE CHOSEN PROGRAM, IF THE FEE HAS NOT BEEN PAID YOUR CHILD WILL NOT BE ALLOWED TO PARTICIPATE

\*\*\*\*NO REFUNDS\*\*\*\*

CONSENT OF PARENT/GUARDIAN

I, The Undersigned, being the parent/guardian of \_\_\_\_\_ do hereby grant permission for his/her participation in all activities, athletic or otherwise, sponsored by the Village of Hempstead PAL and release from responsibility of said corporation, it's coaches, volunteers, employees, agents, officers, and directors, for any injury, loss of life, or other loss or damage as a result of participation in any activity of the Hempstead PAL. Furthermore, I understand the Hempstead PAL does not provide medical staff at PAL sponsored events and in the event an emergency occurs medical services and transportation will only be provided through the community's emergency medical system.

DATE \_\_\_\_\_ SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

\*Optional questions for grant writing purposes:  
Does your child receive free or reduced lunch \_\_\_\_\_  
Total Number of people in the household \_\_\_\_\_  
Please state your ethnicity \_\_\_\_\_  
Is your total household income less than \$80,000.00 \_\_\_\_\_

DO NOT WRITE BELOW THIS SPACE PAL USE ONLY

PAID BY (check one) Cash \_\_\_\_\_ Check/Check# \_\_\_\_\_ Amount \_\_\_\_\_ Rec'd By \_\_\_\_\_

## Photo and Video Consent Form

By signing this form you consent to P.A.L. using and publishing your name and the photographs and/or videos listed below (which may contain your image) in any of its publications and materials (including written, electronic or multimedia materials) for distribution anywhere in the world, or P.A.L.'s website, for educational, promotional or reporting purposes.

When giving your permission you should be aware that any information published on the Internet is accessible to millions of users from all over the world, that it will be indexed by search engines and that it may be copied and used by any web user. This means that once the photograph is published on the Internet we will have no control over its subsequent use and disclosure.

You also acknowledge that you are not entitled to any remuneration, royalties or any other payment from P.A.L. in respect of the use by P.A.L. of the photographs and/or videos.

**Child's**

**Full Name:**

\_\_\_\_\_ (When signing on behalf of a child under 16, please print full name of child)

**Address:**

\_\_\_\_\_

**Telephone:**

\_\_\_\_\_

**Email:**

\_\_\_\_\_

**Signature:**

\_\_\_\_\_

**Full Name:**

\_\_\_\_\_

**Date**

\_\_\_\_\_

Please note that P.A.L. collects your address, telephone and email details in order to obtain your consent to the publication of a photograph containing your image. These contact details will not be published or disclosed without your consent, unless authorized or required by law.

# COVID-19 Hempstead PAL Liability Waiver All Programs for 2021

Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Child First Name: \_\_\_\_\_ Child Last Name: \_\_\_\_\_

- I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.  
I further acknowledge that Hempstead PAL has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19. I further acknowledge that Hempstead PAL cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, staff, and other clients and their families, and other participants in the Hempstead PAL programs. I voluntarily seek services provided by Hempstead PAL and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending these programs.
- I attest that:
  - \* I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
  - \* I have not traveled internationally within the last 14 days.
  - \* I have not traveled to a highly impacted area within the United States of America in the last 14 days.
  - \* I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
  - \* I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.
  - \* I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold Hempstead PAL, Hempstead Police Department, The County of Nassau, Town of Hempstead, Village of Hempstead and the Village of Hempstead's Parks and Recreation Department, harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act by the Hempstead PAL, Hempstead Police Department, The County of Nassau, Town of Hempstead, and the Village of Hempstead's Parks and Recreation Department or that may otherwise arise in any way in connection with any services received from Hempstead PAL, Hempstead Police Department, The County of Nassau, Town of Hempstead, Village of Hempstead and the Village of Hempstead's Parks and Recreation Department. I understand that this release discharges Hempstead PAL, Hempstead Police Department, The County of Nassau, Town of Hempstead, Village of Hempstead and the Village of Hempstead's Parks and Recreation Department from any liability or claim that I, my heirs, or any personal representatives may have against the Hempstead PAL, Hempstead Police Department, The County of Nassau, Town of Hempstead, Village of Hempstead and the Hempstead's Parks and Recreation Department with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Hempstead PAL, Hempstead Police Department, The County of Nassau, Town of Hempstead, Village of Hempstead and the Village of Hempstead's Parks and Recreation Department. This liability waiver and release extends to the Hempstead PAL, Hempstead Police Department, The County of Nassau, Town of Hempstead, Village of Hempstead and the Village of Hempstead's Parks and Recreation Department together with all owners, partners, officers, directors, employees, and associated staff.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_