

# Police Athletic League Boxing Program



The Broward Sheriff's Office Police Athletic League (P.A.L.) Is an afterschool sports oriented juvenile crime prevention program, that relies heavily on the sport of boxing and boxing fitness to create and cement the bond between deputy sheriff's and the kids in the community.

P.A.L. is based on the strong belief that children and teens, if they are reached early enough, can develop a strong, positive attitude toward law enforcement officers in their journey through life towards the goal of adulthood and good citizenship.

Studies have shown that if a youngster respects a law enforcement officer in the gym as a coach, he or she will very likely come to respect the laws that officer enforces.

Participants of the P.A.L. take part in novice, intermediate and elite boxing classes, and boxing fitness regiments, with the opportunity to represent the Broward Sheriff's Office P.A.L. Boxing Gym by competing in sanctioned amateur boxing competitions. Members can also take part in our boxing fitness classes and strength and conditioning programs to improve their overall health and fitness levels.

The benefits of the Broward Sheriff's Office P.A.L. to the youth and our community is immeasurable.

## Membership Requirements:

1. Must demonstrate good moral Character, at home, school, the gym and in the community.
2. Be between the ages of 8 and 18.
3. Maintain at least a 2.0 grade point average. (Nothing lower than a C grade) Members must present their report cards at the end of every marking period.

**Broward Sheriff's Office  
Police Athletic League  
Boxing Gym Code of Conduct**

1. Members will be courteous and respectful to Coaches, Parents, Volunteers, and other PAL members.
2. PAL members will always wear their issued uniforms when attending training and field trips/competitions.
3. Pants will be worn around the waist, no sagging.
4. No foul language
5. No Bullying
6. No horseplay in the gym, especially in the weight area.
7. No tobacco products or vapes will be used at the gym.
8. Stay out of all restricted areas to include Equipment Storage Room, Kitchen, Utility Room, Coaches Locker Room, and Coaches Office.
9. Respect all gym equipment, anyone seen abusing or misusing gym equipment, causing damage will be suspended from using the gym.
10. Respect other people's property, if it's not yours, don't touch it.
11. Any behavior deemed unruly will be brought to the member's attention and consequences will follow.
12. Coaches make and enforce the rules, their word is FINAL!!!

_____	_____	_____
Member Name	Member Signature	Date
_____	_____	_____
Parent Name	Parent Signature	Date



BROWARD SHERIFF'S OFFICE  
P.A.L. APPLICATION

Last name	First name	Middle
Street address	City	Zip
Home phone	Social Security #	Sex (M/F) D.O.B.
School Attending	Grade	
Name of Parent/Guardian to Contact in an Emergency: _____		
Name		Relationship
Parent/Guardian address: _____		
Parent/Guardian Telephone #: _____		
Home #		Work #

MEDICAL HISTORY

Allergic to any medication (s)? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what \_\_\_\_\_

Seizures: Yes \_\_\_\_\_ No \_\_\_\_\_ Type: \_\_\_\_\_

Allergies: Yes \_\_\_\_\_ No \_\_\_\_\_ Type: \_\_\_\_\_

Cardiac Conditions: Yes \_\_\_\_\_ No \_\_\_\_\_ Type: \_\_\_\_\_

Asthma: Yes \_\_\_\_\_ No \_\_\_\_\_ Medications: \_\_\_\_\_

Diabetes: Yes \_\_\_\_\_ No \_\_\_\_\_ Medications: \_\_\_\_\_

Special Diets: Yes \_\_\_\_\_ No \_\_\_\_\_ Type: \_\_\_\_\_

Restrictions, if any? \_\_\_\_\_

Medication (s) required: Yes \_\_\_\_\_ No \_\_\_\_\_ Type: \_\_\_\_\_

Other: Explanation: \_\_\_\_\_

Does member wear contact lenses? Yes \_\_\_\_\_ No \_\_\_\_\_

Is there any health history that might assist the person in charge, should this member become ill?

Family Physician Name	Address	Phone #
Name of accident/health insurance	Group #	

Parent/Guardian Release

Participation: I, the undersigned parent and/or legal guardian of the above named member, hereby request permission for the member to participate in P.A.L. activities.

Medical: I represent and warrant to you that the member is physically and mentally able to participate in activities.

Consent to Treatment: I authorize such physician or medical staff as the P.A.L. may designate to carry out any minor, medical, dental, or surgical treatment and/or medication necessary, or to take the above named member to the emergency room of the nearest hospital, and I further authorize the hospital and its medical staff to provide treatment deemed necessary by them for the well-being of such member. It is understood, however, that if hospitalization or treatment of a serious nature is required, the parent/guardian will be contacted, if possible, by telephone for permission.

Release of Claim: On behalf of the member and myself, I acknowledge that the member will be using facilities at his/her own risk and I, on my behalf, hereby release, discharge and indemnify the physicians, organizers, officers, directors agents, or employees of the Broward County Sheriff's Office/Police Athletic League from all liability for injury to person or damage to property of myself and member.

I hereby certify that the member is in good health and I am not aware of any disease or injury that will be aggravated or result in the member being incapacitated or injured as a result of the member's participation in P.A.L. related activities.

I HAVE READ THIS RELEASE. I UNDERSTAND THAT IT AFFECTS MY LEGAL RIGHT

---

Parent/Legal Guardian

Date

---

Member's Signature

Date

AFFIDAVIT

STATE OF FLORIDA  
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

Who is personally known to me or who has produced \_\_\_\_\_  
As identification and who did (did not) take an oath.

(Seal)

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Typed/Printed Name of Notary

\_\_\_\_\_  
Title or Rank, if any



## Broward Sheriff's Office

### P.A.L. HOLD HARMLESS/INDEMNIFICATION AGREEMENT

I, \_\_\_\_\_ being 18 years of age or older, do hereby request permission from the Broward Sheriff's Office (hereinafter referred to as "BSO") for my minor child, to participate in PAL functions, subject to the following conditions:

If permission is granted, my minor child will obey all instructions, orders, or commands given to my minor child by any BSO employee during such functions. I understand that such instructions, orders, and commands will be for my minor child's safety and protection.

I, on behalf of my minor child, myself, my minor child's heirs, executors, and administrators, voluntarily accept any or all risks associated with PAL activities and agree to hold harmless and indemnify BSO, the Sheriff of Broward County, its directors, officers, deputies, employees, agents, representatives, volunteers and servants from any claim, cause of action, or lawsuit resulting from personal injury or property damage to my minor child or others during my minor child's participation as a PAL member, **including any claim, cause of action or lawsuit based on the negligence, actions or inactions of BSO, the Sheriff of Broward County, its directors, officers, deputies, employees, agents, representatives, volunteers, or servants.**

I, the undersigned, intending to be legally bound hereby, for my minor child, myself, my minor child's heirs, executors, and administrators waive and release any rights and claims for losses and damages including, but not limited to, personal injuries and property damage, that exist, now or in the future, against BSO, the Sheriff of Broward County, its directors, officers, deputies, employees, agents, representatives, volunteers and servants resulting, either directly or indirectly, from my minor child participating as a PAL member, **including any claim, cause of action or lawsuit based on the negligence, actions or inactions of BSO the Sheriff of Broward County, its directors, officers, deputies, employees, agents, representatives, volunteers or servants.**

I understand that this Hold Harmless and Indemnity Agreement includes any claims based on the negligence, actions, or inactions of BSO, the Sheriff of Broward County, its directors, officers, deputies, employees, agents, representatives, volunteers, or servants and covers bodily injury and property damage, whether suffered by my minor child or another person.

The parties recognize that to simplify the paperwork associated with each PAL detail, function, special event, or trip, this agreement shall apply to all PAL Activities.

In entering this Agreement, the parties represent that they have had a reasonable opportunity to seek and select legal advice and have relied upon the advice of their legal representative, who is an attorney of their own choice, or have voluntarily chosen not to seek the advice of an attorney, and that the terms of this Agreement have been completely read and that those terms are fully understood and are voluntarily accepted. In the event of litigation in connection with or concerning the subject matter of this Agreement, the prevailing party shall be entitled to recover all costs and expenses incurred by such party in connection therewith, including reasonable attorney's fees.

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Name of PAL Member

AFFIDAVIT

STATE OF FLORIDA  
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

Who is personally known to me or who has produced \_\_\_\_\_

As identification and who did (did not) take an oath.

\_\_\_\_\_  
Notary Public

(SEAL)

\_\_\_\_\_  
Typed/Printed Name of Notary

\_\_\_\_\_  
Title or Rank, if any



## USA Boxing Hold Harmless Waiver

In consideration for my being allowed to participate in boxing activities at \_\_\_\_\_ (Gym/Club Name), I hereby acknowledge that such activities (and the gathering of people in public generally) include many risks, known and unknown, and that I hereby accept and assume all risks associated with such activity. I further agree to hold USA Boxing, its member, affiliates, agents, LBCs, directors, employees, volunteers, and other persons associated with USA Boxing harmless from and release them of any liability whatsoever for any and all claims, demands, damages and causes of action of any nature whatsoever related to my participation in those activities.

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

Signature: \_\_\_\_\_

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

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

Parent/Guardian Signature: \_\_\_\_\_



**USA Boxing, Inc.**

1 Olympic Plaza · Colorado Springs, Colorado 80909  
(719) 866-2300 · FAX: (719) 866-2132 · Website: [www.usaboxing.org](http://www.usaboxing.org)



## IF YOU SUSPECT THAT AN ATHLETE HAS A CONCUSSION, YOU SHOULD TAKE THE FOLLOWING STEPS:

1. Remove the athlete from play.
2. Ensure that the athlete is evaluated by a health care professional experienced in evaluating for concussion. Do not try to judge the seriousness of the injury yourself.
3. Inform the athlete's parents or guardians about the possible concussion and give them the fact sheet on concussion.
4. Keep the athlete out of play the day of the injury. An athlete should only return to play with permission from a health care professional, who is experienced in evaluating for concussion.

► **"IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON."**



## CONCUSSION SIGNS AND SYMPTOMS

Athletes who experience one or more of the signs and symptoms listed below after a bump, blow, or jolt to the head or body may have a concussion.

### SYMPTOMS REPORTED BY ATHLETE

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

### SIGNS OBSERVED BY COACHING STAFF

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall



JOIN THE CONVERSATION AT [www.facebook.com/CDCHeadsUp](https://www.facebook.com/CDCHeadsUp)

# HEADS UP

TO LEARN MORE GO TO >> [WWW.CDC.GOV/CONCUSSION](http://WWW.CDC.GOV/CONCUSSION)





## Police Athletic League/Boxing Program Parent/Volunteer Registration Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License # \_\_\_\_\_

Email Address: \_\_\_\_\_

### STATEMENT

I \_\_\_\_\_, hereby and under no obligations, request (without compensation) to participate as a volunteer for the Broward Sheriff's Office, Police Athletic League Program. I understand that I must abide by the rules and intent of the program at all times, and that failure to abide by these rules and intent may result in dismissal from the program. I understand that the child's advancement and well being on all levels is first and foremost in the program and that I take on the responsibility to assist my team in all manners possible.

I understand that in connection with my involvement with the P.A.L. program that a background check will be conducted by the Broward Sheriff's Office and the results of this check is for the sole use of the P.A.L. program, and the results of the background check will remain confidential and will not be distributed to any other program or organization for any other purpose.

Applicant Signature \_\_\_\_\_