

Application, Liability Waiver and Photo Release



Child's Name _____ Age _____ DOB _____

Grade _____ Name of School/Youth Organization _____

Does your child have any medical conditions, allergies, etc. we should be aware of?
Yes _____ No _____

If you checked "Yes", please explain: _____

(Attach sheets if necessary. If your child requires medication while attending, please contact us for a
Permission to Administer Medication form.)

Parent/Guardian Info:

Parent/Guardian #1: _____

Cell#: _____

Place of Employment: _____ Ph# _____

Home Address: _____

Email Address: _____

Parent/Guardian #2: _____

Cell#: _____

Place of Employment: _____ Ph#: _____

Home Address: _____

Email Address: _____

Emergency Contacts:

Emergency Contact #1: _____ Relationship to Child: _____

Cell#: _____

Does this person have your permission to pick your child up from SYPL? Yes _____

Emergency Contact #2: _____ Relationship to Child: _____

Application, Liability Waiver and Photo Release



Cell#: _____

Does this person have your permission to pick your child up from SYPL? Yes _____

Waivers & Release:

I hereby grant permission for my child to participate in the Sarasota Youth Pickleball League (SYPL). I understand that activities involve active games, outdoor activities, occasional off-site trips, etc. I understand that my child's participation in these activities, as well as those program-related activities not listed, may expose him/her to known danger as well as unanticipated risks. Acknowledging that such risk exists, I hereby waive, release, absolve, indemnify and agree to hold harmless SYPL, respective directors, officers, agents, volunteers, and employees from any and all claims of liability for personal injury or property damage my child may suffer while participating.

Name (Printed): _____

Signature: _____

Photo/Video Release

I grant the Sarasota Youth Pickleball League (SYPL) permission to use photographic images and/or video recorded during my child's participation in SYPL related programs and activities for promotion, publicity and/or commercial purposes (website, email, print, social media, etc.). I understand that SYPL may associate my child's first name with the aforementioned materials, but will not associate my child's last name without contacting me first. (Do not sign if you do not agree.)

Signature: _____