

Providence Sports & Leadership

"Developing Athletes and Leaders"

P.O. Box 2040

Providence, RI 02905

www.pslinc.org www.facebook.com/pslrisports

2015 Program Application

NAME:

Last	First	Middle	Nickname (if any)
			<input type="checkbox"/> Male

DATE OF BIRTH:

Month	Day	Year	<input type="checkbox"/> Female
-------	-----	------	---------------------------------

ADDRESS:

Street Address	Apartment/Unit #	
City	State	Zip Code

CONTACT

INFORMATION:

()	()	()	
Home Phone #	Cell Phone #	Emergency Contact Name	Emergency Contact Phone #

E-mail Address

SCHOOL INFORMATION:

School Name	City	Grade
-------------	------	-------

PARENT/GUARDIAN :

Dr. Ms. Mrs. Mr.

Name

Check here if same
Address as above

Street Address	Apartment/Unit #	
City	State	Zip Code
()	()	
Home Phone #	Cell Phone #	E-mail Address

I, the undersigned, certify that I am the parent or legal guardian of _____.

As such I grant permission to Providence Sports and Leadership (PSL) regarding the following checked items:

- Do hereby grant permission to PSL to use the image of my child. I understand that these programs feature special events. Media representatives, newspapers, and television reporters, photographers, event staff, and public relations personnel may be present at these special events. In some cases, they may interview and/or photograph children who participate in these events. These photographs, videos, and interviews will only be used to promote PSL programs.
- I give my consent for my child to participate in all trips with PSL.
- I give permission for my child to eat meals or snacks provided by PSL.
- I give permission for the release of all academic records to be available for PSL.
- If my child requires emergency medical care and I cannot be reached, I give my consent to PSL to obtain the necessary medical care for my child. I agree to pay all of the costs associated with the emergency medical care that my child receives. I understand that every effort will be made to contact me before and after care is provided.
- I give permission for child to participate in the PSL program. I am fully aware that some program activities can be dangerous and may result in serious injury. Knowing, understanding, and fully appreciating all possible risks and dangers, I hereby expressly, voluntarily, and willingly allow my child's participation in PSL program activities. In consideration of my child's participation, I hereby waive all claims or causes of action against PSL, its officers, directors, employees, and agents from all liability in connection therewith. Furthermore, I give any PSL parent, faculty, and/or staff present at the program permission to seek out emergency medical attention for my child in the event that he/she becomes injured.

Medications Being Taken Currently (if any): _____

Allergies / Special Health Considerations (if any): _____

Signature _____ Printed Name _____ Date _____

If you have questions please send can call Bill Flaherty at 401-413-9775 or Kennedy Arias at 401-263-9453.