

(Deadline May 22, 2016)

**FLORIDA POLICE ATHLETIC LEAGUE LAW GAMES
2016 OFFICIAL APPLICATION**

SECTION I

IT IS VERY IMPORTANT THAT YOU READ ALL DIRECTIONS, PRINT CLEARLY AND RETURN ONLY THIS PAGE WITH THE APPROPRIATE FEE. (No Cash)

SOCIAL SECURITY NO: _____

SEX: _____

LAST NAME: _____ **FIRST:**

_____ **MI:** _____

DEPARTMENT/AGENCY: _____ **WORK**

PHONE: _____

HM

ADDRESS: _____

CITY: _____ **ZIP:** _____ **HM**

PHONE _____

HOME E-MAIL: _____ **CELL#**

T-SHIRT SIZE:(circle one) S M L XL XXL XXXL **DATE OF**

BIRTH: _____

YOUR AGE ON JUNE 22, 2016 _____

1) If there are insufficient entries in my age classification, I will move to the next lower classification.

_____ Yes _____ No

_____ INITIALS

2) **CIRCLE ONE:** SWORN RETIRED GUEST (permission required)

3) **RELEASE OF LIABILITY **READ AND SIGN****

For and in consideration for granting permission to participate in the 2016 Florida Police Athletic League Law

Games being held in Jacksonville, Florida, on June 21, 22, 23, and 24, 2016. The undersigned hereby releases

any and all persons or organizations connected with or attending the Games, from liability for damages arising

out of any injury of any work or nature suffered by the undersigned by reason of his participation in any of the

activities of the 2016 Jacksonville Sheriff's Department or Florida Police Athletic League Law

Games.

SIGNATURE _____

DATE _____

4) ZERO TOLERANCE CONDUCT: **READ AND SIGN**

The Florida Police Athletic League Law Games Board of Directors voted to implement a zero tolerance

unsportsmanlike code of conduct. Unsportsmanlike conduct will NOT be tolerated and will result in

immediate suspension from individual sports. If an individual is ejected from a team sport, he/she must sit

out the next game. If a team is ejected, they are immediately disqualified from competition.

SIGNATURE _____

DATE _____

5) IDENTIFICATION AGREEMENT **READ AND SIGN**

I am aware that registration is mandatory and at the time I register I must present my official Photo

Departmental Identification. At registration I will be issued a color coded wrist band. At this time I must put

the wrist band on and keep it on until my last event is completed.

SIGNATURE _____

DATE _____

Email to: lawgames1@bellsouth.net

OR Mail to: FPALLG
PO BOX 350399,
JACKSONVILLE, FL 32235

PRINT

NAME _____

6) CHECK THE APPROPRIATE AGE GROUP

MEN	_____ 18-29 OPEN	WOMEN	_____ ALL
	_____ 30-44 SENIOR		
	_____ 45-59 MASTER		
	_____ 60+ SENIOR MASTER		

SECTION II TEAM SPORTS ONLY (SOFTBALL)

LIST TEAM NAME

LIST COACH OR CAPTAIN NAME

SECTION III (Complete for all sports except for the above listed)

BOWLING:

SINGLES _____

DOUBLES _____ **Partner's Name:**

TEAMS _____ **Team Member Names:**

1. _____

2. _____

3. _____

SECTION IV

GOLF:

SCRATCH SINGLES _____ **SCRATCH DOUBLES: Partner**

HANDICAP SINGLES _____ **HANDICAP DOUBLES: Partner**

Fee Total: \$ _____ **Payment: (circle one)** Check Visa MasterCard American Express

Credit Card Number: _____ **Exp. Date:**

Card Holder's Signature: _____

Email to: lawgames1@bellsouth.net

**OR Mail to: FPALLG
PO BOX 350399,
JACKSONVILLE, FL 32235**