



**HOLLYWOOD, FLORIDA  
POLICE ATHLETIC LEAGUE**

**CONSENT FORM**

I, (we) \_\_\_\_\_ hereby give my (our) consent for  
\_\_\_\_\_ a minor to participate in the athletic programs  
sponsored by the Hollywood Police Athletic League. This includes my consent for my  
(our) Child/Children to be transported to and from other locations, in and out of  
Broward County. I (we) understand that in case of an accident or injury, the City of  
Hollywood Police Athletic League and/or any of its employees or agents will not be  
liable. I (we) \_\_\_\_\_ give consent for my (our) child  
to be treated by medical facility or a hospital if the need arises.

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

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