

**OHIO PAL/WILLOUGHBY PAL
PARTICIPATION FORM**

NAME _____ DOB _____ AGE _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ PHONE _____

GRADE _____

RELEASE OF LIABILITY

I agree not to hold the City of Willoughby, Willoughby Police Department Officers and employees, or Willoughby PAL responsible in the event of illness or any other accident which may befall my child on this trip.

I give permission for my child to attend the _____ on
_____ with the Willoughby Police Department and the Police
Athletic League.

Parent/Legal Guardian Signature

Student's Name

Telephone Number

Emergency Number