

SANTA BARBARA POLICE ACTIVITIES LEAGUE- SOCCER LEAGUE

OFFICE USE ONLY:

Age Verified: Yes No

Entered: _____

PARTICIPANT INFORMATION

First Name _____	Last Name _____	Date of Birth _____ / _____ / _____
School Attending _____	Gender <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Current Grade <input type="checkbox"/> 7th <input type="checkbox"/> 8th
Participant Cell Number (optional) _____		

PARTICIPANT MEDICAL INFORMATION

Please check only those that apply

No Medical Concerns

<input type="checkbox"/> Asthma	Requires medication/inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Daily <input type="checkbox"/> As Needed <input type="checkbox"/> With Exercise	Name of Medication _____
<input type="checkbox"/> Allergies	To what? _____	<input type="checkbox"/> Hives/Rash <input type="checkbox"/> Difficulty Breathing	<input type="checkbox"/> Epi-pen <input type="checkbox"/> Benadryl
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Type I <input type="checkbox"/> Type II	Medications: <input type="checkbox"/> Oral <input type="checkbox"/> Injection <input type="checkbox"/> Pump	<input type="checkbox"/> Independent in diabetes Self Care <input type="checkbox"/> Needs Daily Assistance
<input type="checkbox"/> Activity Restrictions	Please Specify: _____		
<input type="checkbox"/> Seizure Disorder	Date of Last Seizure: _____	Seizure Type: _____	
<input type="checkbox"/> Heart Problems	Diagnosis: _____	If Any Physical Restrictions Please specify: _____	
<input type="checkbox"/> Hospitalization/ER	Date: _____	Reason: _____	
<input type="checkbox"/> Assistive Devices	<input type="checkbox"/> Corrective Shoes/Braces <input type="checkbox"/> Crutches	<input type="checkbox"/> Wheelchair/Scooter <input type="checkbox"/> Glasses	<input type="checkbox"/> Hearing Aids
<input type="checkbox"/> Other conditions, disabilities or medications: _____			
Physician: _____		Physician's Phone Number: _____	

Ethnicity (for office statistics only) please check one

African American
 Asian
 Caucasian
 Hispanic/Latino
 Native American
 Pacific Islander
 Other

ADULT INFORMATION

Parent/Guardian (Primary Contact)

First Name _____	Last Name _____	Relationship to Participant _____
Address _____	City _____	State _____ Zip Code _____
Please check best number to contact you:		
<input type="checkbox"/> Home Number	<input type="checkbox"/> Work Number	<input type="checkbox"/> Cell Number

Email Address → _____ Primary Language English Spanish

IN CASE OF EMERGENCY

First Name _____	Last Name _____	Relationship to Participant _____
Home Number _____	Cell Number _____	Primary Language <input type="checkbox"/> English <input type="checkbox"/> Spanish

FINANCIAL INFORMATION

Financial information is kept confidential and is used for reporting purposes only, it does not qualify or disqualify your child from participating.

Are you a single parent: <input type="checkbox"/> YES <input type="checkbox"/> NO	Number of members in the household _____
Total MONTHLY household income (please include all persons living in your household) \$ _____	
Do you receive any government assistance? <input type="checkbox"/> SSDI <input type="checkbox"/> SSI <input type="checkbox"/> TANF	<input type="checkbox"/> Medical <input type="checkbox"/> Calfresh <input type="checkbox"/> General Assistance
Does the participant receive free or reduced lunch at school? <input type="checkbox"/> YES <input type="checkbox"/> NO	

VIDEO/PHOTO RELEASE

I understand that during the Santa Barbara Police Activities League my photograph and/or the photograph of my child may be taken by the Santa Barbara Police Activities League, producers, sponsors, organizer, and/or assignees. I agree that my photograph and/or the photograph of my child, including video photography, film photography, or other reproduction of my likeness or the likeness of my child, may be used without charge by the Santa Barbara Police Activities League, producers, sponsors, organizers and/or it's assignees for such purposed as they deem appropriate.

Initial Here _____

PROGRESS REPORT AGREEMENT

The Police Activities League requires each participant to maintain a 2.0 GPA (C average), have no outstanding unexcused absences or tardies. Those who do not maintain a 2.0 GPA, will be put on a probationary period in which they will be strongly encouraged to reach the 2.0 requirement by attending after school tutoring. Please keep in mind that this is only a request to assist your child in achieving academic success. By initialing below you acknowledge that your child will be required to return a three week progress report that is provided to them by the front office staff and/or Santa Barbara PAL staff and must be signed by their teachers. You are also welcome to provide us with their Aeries login and password to bypass the three week progress report.

Aeries Login: _____

Password: _____

Initial _____

AUTHORIZATION TO TREAT A MINOR

I, the parent or legal guardian, of the child listed above, do hereby authorize and consent to any X-ray examination, anesthetic, medical, or surgical treatment rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital or emergency care facility holding a current license to operate a hospital or emergency care facility from the State of California Department of Public Health. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable for my child. Further, I understand my child will be participating in inherently dangerous activities and agree to pay for my child's medical expenses. I understand that all effort shall be made to contact me prior to rendering treatment to my child, but any of the above treatment will not be withheld if I can not be reached. This authorization is given pursuant to the provisions of the California Civil Code.

Yes No

Initial _____

COVID-19 NOTICE

Although Santa Barbara Police Activities League is following all Public Health and CDC Guidelines my child may still be exposed to COVID-19. The Santa Barbara Police Activities League will notify you immediately of any possible exposure or positive case of COVID-19. Santa Barbara Police Activities League has the right to refuse attendance for 14 days to children who are exposed to COVID-19 and also to children whose family member was exposed to COVID-19. Suspension would be re-evaluated after 14 days. Santa Barbara Police Activities League will not accept a child who has a temperature of 100.0° F or greater. If a child develops a temperature of 100.4° F or greater, they will be sent home.

Yes No

Initial _____

RELEASE FROM LIABILITY

In consideration of the acceptance of the application of my child, as a participant in any programs and/or activities of the Santa Barbara Police Activities League, and its member chapters, I and my children hereby agree to assume all risks attendant upon myself and my child while participating in any Santa Barbara Police Activities League programs and/or activities. I and my child hereby waive, release, and discharge any and all claims for damages for death, personal injury, the contraction of any illness, or property damage which I or my children may have, or which may hereafter accrue to me or my child, as a result of my child's participation in the Santa Barbara Police Activities League program or activity. I agree to indemnify and hold harmless from liability the Santa Barbara Police Activities League its member chapters and/or any of their agents, servants, or employees by reason of any accident, death, injury, contraction of any illness' or damages, to persons or property which I or my child may suffer while participating in the Santa Barbara Police Activities League program and/or activity. This release is intended to discharge in advance the Santa Barbara Police Activities League, its member chapters and/or any of their agents, servants, or employees by reason of any accident, death, injury or damages to persons or property which I or my child may suffer, from and against any and all liability arising out of or connected in any way with my or my child's participation in the Santa Barbara Police Activities League, program and/or activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees, and the heirs and assignees of my child. I agree to assume all responsibility for any property damage or injury to any person caused by me or my child while participating in the Santa Barbara Police Activities League, program and/or activity.

Yes No

Initial _____

PARENT SQUARE WAIVER

I authorize the Santa Barbara Police Activities League to share our names, emails, phone numbers, and photographs with the company ParentSquare. The purpose of the sharing of information is to increase communication between parents, participants, and SBPAL staff. I agree that SBPAL may use and share our names emails, phone numbers, and photographs for such purposes and in such manner as identified above. I understand and agree that the above information will be included in communications with parents and participants. I understand that SBPAL adheres to a privacy policy.

Yes No

Initial _____

UNIFORM POLICY

Registration fee covers the uniform cost. This includes the jersey, shorts and socks . Once a participant receives a jersey they will be fully responsible for the maintenance and use of the jersey. Jerseys are to be washed and presentable on game days. There will be no refunds or exchanges once payment is received. Unfortunately we will not be able to give you the number you request, numbers will be predetermined. Soccer: Players must have cleats & shin guards in order to participate. (No metal cleats are allowed.) I have read and understand the above mentioned guidelines pertaining to the responsibility and maintenance of the jersey issued to my child.

Initial _____

I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING and that I am aware of the legal consequences of this agreement, including that it prevents me from suing the Santa Barbara Police Activities League, or its employees, agents, or officers if I am injured or damaged for any reason as a result of participation in this activity. I further acknowledge that no oral representations, statements or inducements have been made.

Print Name of Parent/Guardian

Parent/Guardian Signature

Date

PLAYER CODE OF CONDUCT

Santa Barbara PAL wishes to ensure that games are fair, positive and enjoyable experiences for all those involved. The game should be friendly and unifying - a spirited social and athletic occasion for players, coaches, referees and spectators. Recognizing that players are responsible for their own actions and behaviors, we expect all players to conform to this code of conduct:

- I will respect and accept all decisions made by the referee, coach, and SBPAL staff during a game.
- I will not argue, comment or otherwise question a decision made by the referee/coach.
- I am here to participate as a member of a TEAM and as such will encourage my teammates during practice and games.
- I will respect all teammates and opponents regardless of skill.
- I will come prepared mentally and physically to play to my potential. This means I will be dressed and ready to begin play at the beginning of practices & games.
- I will be on time for ALL team events.
- I will show respect for my opponents and their coaches.
- I will respect the spirit of the game and thank the referee after the game.
- I will demand an environment from the team and myself that is free from profanity, drugs, tobacco, alcohol and violence.
- I understand that the referee assigned is in charge of the game and, if asked to leave the game, I must follow the request of the referee.
- I will maintain a 2.0 G.P.A in order to participate in games, I understand that a progress report is required in order to participate.

PARENT/GUARDIAN CODE OF CONDUCT

Youth's sports are supposed to be fun – for the youth. Unfortunately, many parents, and fans don't realize that their actions, whether verbal or nonverbal, can have a lasting emotional effect on children. Too many children are leaving sports activities because the fun is unfairly taken away by adults. That is why PAL and all affiliates asks that the parent/guardian follow this simple code and help reinforce what sports are all about... BEING FUN FOR EVERYONE. The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship. The highest potential of sports is achieved when competition reflects these "six pillars of character."

- I will remember that children participate to have fun and that the game is for youth, not adults.
- I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
- I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game and practice.
- I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.
- I will not encourage any behaviors or practices that would endanger the health and wellbeing of the athletes.
- I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
- I will demand that my child treat other players, coaches, officials and spectators with respect at all times.
- I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
- I will never ridicule or yell at my child or other participant for making a mistake or losing a competition.
- I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.
- I will demand a sports environment that is free from drugs, tobacco, and alcohol and I will refrain from their use at all sports events.
- I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

REMEMBER, THINK BEFORE YOU ACT!

I also agree that if I fail to abide by the aforementioned rules and guidelines, I will be subject to disciplinary action that could include, but is not limited to the following:

- Verbal warning by official, coach, and/or league supervisor.
- Game suspension with written documentation of incident kept on file.
- Season suspension
- Loss of registration privileges.

I have read and I understand the above statements and I agree to conduct myself in a manner that demonstrates the standards established in the Player Code of Conduct.

Parent/Guardian Signature _____

Date _____

Participant signature _____

Date _____

OFFICE USE ONLY

Uniform Number: _____	Date of Payment: _____	Payment Received by: _____	Form of payment: <input type="checkbox"/> Credit Card <input type="checkbox"/> Cash
Uniform Size: _____	Notes: _____	Name on Card: _____	
<input type="checkbox"/> X-Small <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> 2 X-Large			