

SANTA BARBARA POLICE ACTIVITIES LEAGUE

PARTICIPANT INFORMATION

First Name	Last Name	Date of Birth
		/ /
School Attending	Current Grade	Gender
		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Participant Cell Number (for important activity updates)		

Ethnicity (for office statistics only) please check one

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

PARTICIPANT MEDICAL INFORMATION

Please check only those that apply

No Medical Concerns

Asthma Requires medication/inhaler? Yes No Daily As Needed With Exercise Name of Medication _____

Allergies To what? _____ Hives/Rash Difficulty Breathing Epi-pen Benadryl

Diabetes Type I Type II Medications: Oral Injection Pump Independent in diabetes Self Care Needs Daily Assistance

Activity Restrictions Please Specify: _____

Seizure Disorder Date of Last Seizure: _____ Seizure Type: _____

Heart Problems Diagnosis: _____ If Any Physical Restrictions Please specify: _____

Hospitalization/ER Date: _____ Reason: _____

Assistive Devices Corrective Shoes/Braces Crutches Wheelchair/Scooter Glasses Hearing Aids

Other conditions, disabilities or medications: _____

Physician: _____ Physician's Phone Number: _____

ADULT INFORMATION

Parent/Guardian (Primary Contact)

First Name	Last Name	Relationship to Participant
Address		City
		State
		Zip Code
Home Number	Work Number	Cell Number
Email Address →	Primary Language	<input type="checkbox"/> English <input type="checkbox"/> 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: YES 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? SSDI SSI TANF Medical Calfresh General Assistance

Does the participant receive free or reduced lunch at school? YES 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 purposes as they deem appropriate.

Yes No Initial _____

AUTHORIZATION OF TRANSPORTATION

Santa Barbara Police Activities League programs include field trips to parks or public sites. Staff and participants arrive at their destination by either walking or riding on Santa Barbara Police Activities League approved vehicles. I hereby consent to the staff of the Santa Barbara Police Activities League, taking my child on field trips during the Santa Barbara Police Activities League program by its member chapters and/or any of their agents. All reasonable measures will be taken to socially distance all participants during transportation.

Yes No Initial _____

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

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 _____

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

REMEMBER, THINK BEFORE YOU ACT!

I have read the provided Participant Handbook and agree to abide by all the rules and guidelines. 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 program supervisor.
- Suspension with written documentation of incident kept on file.
- Formal 3 month 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 Participant Hand Book.

Parent/Guardian Signature

Date

Participant signature

Date

STAFF USE ONLY

Registration Form: Entered Date & Staff _____ Covid-19 Form: Yes No Reg. Paid: Y Scholarship Receipt & Staff: _____

Notes
