

# SANTA BARBARA POLICE ACTIVITIES LEAGUE

OFFICE USE ONLY:

Entered: \_\_\_\_\_

Date & Initials \_\_\_\_\_

## 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.

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 NEO login and password to bypass the three week progress report.

Aeries Email \_\_\_\_\_ Password: \_\_\_\_\_ Initial \_\_\_\_\_

