

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 purposed 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 Aeries login and password to bypass the three week progress report.

Aeries Login: _____ Password: _____ Initial _____

