

# SANTA BARBARA POLICE ACTIVITIES LEAGUE

## PARTICIPANT INFORMATION

First Name	Last Name	Age	Date of Birth / /
School Attending	Grade in 2024-2025	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Participant Cell Number (for important activity updates)
Ethnicity (for office statistics only) please check one			
<input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Biracial <input type="checkbox"/> Multiracial <input type="checkbox"/> Other			

## PARTICIPANT MEDICAL INFORMATION

Please check only those that apply

**No Medical Concerns**

Activity Restrictions Please Specify: \_\_\_\_\_

Diet Restrictions Please Specify: \_\_\_\_\_

ADD/ADHD (TDAH)

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

Communicable Disease 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: \_\_\_\_\_

## CUSTODIAL PARENT/LEGAL GUARDIAN (Primary Contact)

First Name	Last Name	Relationship to Participant	
Address	City	State	Zip Code
Please check best phone number to contact you:			
<input type="checkbox"/> Home Number <input type="checkbox"/> Work Number <input type="checkbox"/> Cell Number			
Email Address →			
Primary Language <input type="checkbox"/> English <input type="checkbox"/> Spanish			
Does the participant live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No			

## 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?  SSD/SSDI  SSI  CalWORKs/TANF  Medical  Calfresh  General Assistance

## EMERGENCY CONTACT (Please list someone other than primary contact)

First Name	Last Name	Relationship to Participant
Is this person authorized for pick up?	Cell Number	Primary Language
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> English <input type="checkbox"/> Spanish

## 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 \_\_\_\_\_

## 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 \_\_\_\_\_

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 \_\_\_\_\_

T-shirt Size: \_\_\_\_\_

Notes




## PARENT CONSENT FOR RELEASE OF INFORMATION

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I authorize the following individual or organization to disclose the above named individual's health /education information as described below:

**Information to be released and received by**

Santa Barbara Police Activities League  
**Name of Professional or Agency**

1235 Chapala Street, Santa Barbara, CA 93101  
**Address**

(805) 962-5560  
**Phone**

N/A  
**Fax**

**Information to be released and received by:**

Santa Barbara Unified School District  
**Name of Professional or Agency**

720 Santa Barbara Street, Santa Barbara, CA 93101  
**Address**

(805) 963-4338  
**Phone**

\_\_\_\_\_  
**School Name**

\_\_\_\_\_  
**School Address**

In signing I confirm that information and communication may be exchanged between the parties regarding the following:

- Educational
- Psychological
- Medical
- Developmental
- Other: \_\_\_\_\_

I request that the information released be used for the following purposes only:

- Educational Assessment
- Educational Planning
- Other: \_\_\_\_\_

I understand that I have the right to revoke this authorization in writing. Written revocation is effective upon receipt, but will not apply to information provided prior to written revocation. I further understand that health information may be redisclosed to necessary school personnel within the receiving agency. The confidentiality of the information when released is protected as a student record under the Family Educational Rights and Privacy Act (FERPA). This agreement is effective for one year from the date of signature or until \_\_\_\_\_. I understand I have a right to receive a copy of this authorization.

Any information received by the public school must, by law, be included in the student's records. A copy of this authorization is valid as an original.

\_\_\_\_\_  
Signature Relationship to Student Date