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Full Name	Relationship to Applicant	Cell Phone
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Home Address	City, State & Zip Code	Primary Email
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### Emergency Contact (other than Parent/Guardians listed above)

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Full Name	Relationship to Applicant	Cell Phone
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### Parent or Adult Financial Information (statistical use only)

Are you a single parent:  YES  NO      Number of members in the household \_\_\_\_\_      Total **MONTHLY** household income: \$ \_\_\_\_\_

Do you receive any of the above:       SSDI     SSI       TANF       Medical       Calfresh       General Assistance

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### Transportation Release

Some 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 \_\_\_\_\_

### Video/Photo Release

I understand that during the Santa Barbara Police Activities League program, Santa Barbara Police Department and/or activity, my photograph and/or the photograph of my child may be taken by the Santa Barbara Police Activities League, Santa Barbara Police Department, 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 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, Santa Barbara Police Department and its member chapters, I and my child hereby agree to assume all risks attendant upon myself and my child while participating in any Santa Barbara Police Activities League programs, Santa Barbara Police Department and/or activities. I and my child hereby waive, release, and discharge any and all claims for damages for death, personal injury, or property damage which I or my child 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, Santa Barbara Police Department or activity. I agree to indemnify and hold harmless from liability the Santa Barbara Police Activities League, Santa Barbara Police Department 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 while participating in the Santa Barbara Police Activities League program, Santa Barbara Police Department and/or activity. This release is intended to discharge in advance the Santa Barbara Police Activities League, Santa Barbara Police Departments 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, Santa Barbara Police Department 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, Santa Barbara Police Department and/or activity.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_