



BRENTWOOD POLICE ACTIVITIES LEAGUE

EDNA HILL YOUTH CENTER REGISTRATION FORM

OFFICE USE ONLY

Entered by: _____

ID#: _____

PARTICIPANT INFORMATION

Last Name, First Name and Middle Name _____ Date of Birth MM/DD/YY _____ Age _____
/ / /

Sex M F School Attending _____ Current Grade _____

Participant's Cell Phone Number: _____ Participant's Email Address: _____

Ethnicity (for office statistics only), please check one:
 African American Asian Caucasian Hispanic/Latino Native American Pacific Islander Multi-Racial 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: _____
 Other conditions, disabilities or medications: _____

HOMEWORK ASSISTANCE & ACTIVITIES

Would you like your child to have homework assistance? Yes No
 If yes, what subjects would they need assistance with? Math Language Arts Science History

Programs/Activities of Interest. Please check all that apply:
 Basketball Computers Boxing Bowling Robotics Mathletes (Bristow Middle School ONLY)

ADULT INFORMATION

Parent/Guardian (Primary Contact):
 First Name _____ Last Name _____ Relationship to Participant _____
 Address _____ City _____ State _____ Zip Code _____

Please check best phone number to contact you:
 Home Phone Number Work Phone Number Cell Phone Number
 Email Address _____ Primary Language English Spanish

Parent/Guardian (Secondary Contact):
 First Name _____ Last Name _____ Relationship to Participant _____
 Address _____ City _____ State _____ Zip Code _____

Please check best phone number to contact you:
 Home Phone Number Work Phone Number Cell Phone Number

IN CASE OF EMERGENCY

First Name _____ Last Name _____ Relationship to Participant _____
 Home Phone Number _____ Work Phone Number _____ Cell Phone Number _____ Primary Language English 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

Do you receive government help? Yes No

Please check all that apply: Food Stamps Medi-Cal SDI TANF (CalWorks) SSI General Assistance Other: _____

Does the participant receive free or reduced lunch at school? Yes No

Number of people in your household? (Please include all members living in your home)

MONTHLY Household Income? (Please include all family income) \$

VIDEO/PHOTO RELEASE

I understand that during the Brentwood Police Activities League program and/or activity, my photograph and/or the photograph of my child may be taken by the Brentwood Police Activities League, producers, sponsors, organizers, 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 of the likeness of my child, may be used without charge by the Brentwood Police Activities League, producers, sponsors, organizers and/or it's assignees for such purposed as they deem appropriate. Initials: _____

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 of 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 special 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 judgement, 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 of my child, but any of the above treatment will not be withheld if I cannot be reached. This authorization is given pursuant to the provisions of the California Civil Code. Initials: _____

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 Brentwood Police Activities League and its member chapters, I and my child hereby agree to assume all risks attendant upon myself and my child while participating in any Brentwood 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, 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 Brentwood Police Activities League program or activity. I agree to indemnify and hold harmless from liability the Brentwood Police Activities League, its member chapters and/or 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 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 Brentwood 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 or assignees, and the heirs or 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 Brentwood Police Activities League program and/or activity. Initials: _____

PERMISSION FOR TRANSPORTATION

Some Brentwood 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 Brentwood Police Activities League approved vehicles. I hereby consent to the staff of the Brentwood Police Activities League taking my child on filed trips during the Brentwood Police Activities League program by its member chapters and/or any of their agents. Initials: _____

I have read, understand, and approve the **AUTHORIZATION TO TREAT A MINOR, RELEASE FROM LIABILITY, VIDEO/PHOTO RELEASE, and PERMISSION FOR TRANSPORTATION.**

Print Name of Parent/Guardian _____

Parent/Guardian Signature _____

Date _____

OFFICE USE ONLY

ID #: _____

Picture

Classes enrolled: _____

Notes: _____

ID Received: _____

Replaced: _____

Replaced: _____

Drop-In _____



BRENTWOOD POLICE ACTIVITIES LEAGUE

PAL PARTICIPANT/PARENT AGREEMENT

- PAL** PAL participants must sign-in and sign-out each time they enter and leave the PAL center. There are no in and out privileges. Once signed-in to PAL, you must stay within the PAL Center boundaries until signed-out for the day.
PAL Center Boundaries are:
Inside: PAL Youth Room
Outside: Parking lot outside PAL center and/or basketball courts
- PAL** PAL membership is a privilege. Members who are cited for infractions at their school, the PAL center, or in the community may lose this privilege for up to one year or more.
- PAL** PAL Staff is not responsible for lost or stolen personal items.
- PAL** Participants who do not follow the rules will be instructed to leave the facility immediately. The participant's parent/guardian will be contacted and asked to pick up their child without delay.

The following rules are to be upheld at all times while participating in the PAL program. These rules are made to make PAL a safe place for all involved, at all times.

- PAL** *NO BULLYING - PAL is an anti-bullying program at **ALL** times.*
- PAL** *NO FOUL LANGUAGE - Be mindful of how you talk and your choice of words.*
- PAL** *NO FIGHTING - Both verbal and physical fighting will not be tolerated.*
- PAL** *NO STEALING - Stealing, or "borrowing," of personal items of other participants and PAL Center items will not be tolerated.*
- PAL** *RESPECT YOURSELF - The greatest respect a person can have is SELF-RESPECT.*
- PAL** *RESPECT OTHERS (including PAL Staff) - Treat others the way you want to be treated.*

We want every student who is part of PAL to have a fun and safe time while in the program. The PAL Staff wants your experience at PAL to be the best. Having fun while following the rules will be a Win-Win for the PAL Staff and Students!

PAL Participant Signature

Parent/Guardian Signature