



SANTA BARBARA POLICE ACTIVITIES LEAGUE

JUNIOR HIGH AFTER SCHOOL SPORTS REGISTRATION FORM

OFFICE USE ONLY:

Entered by:

Date:

ACTIVITY INFORMATION

PLEASE CHECK SPORT REGISTERING FOR:
Please check all that apply

SOCCER

BASKETBALL

FLAG FOOTBALL

PARTICIPANT INFORMATION

Last Name, First and Middle Name

Date of Birth

Age

Sex

School Attending

Current Grade

M F

Goleta Valley La Colina La Cumbre Santa Barbara

7th 8th

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: _____

Ethnicity (for office statistics only) please circle one

African American Asian Caucasian Hispanic/Latino Native American Pacific Islander Other

ADULT INFORMATION

Parent/Guardian (Primary Contact)

First Name Last Name Relationship to Participant

Address City State Zip Code

Please check best number to contact you:

Home Number Work Number Cell Number

Email Address → Primary Language English Spanish

IN CASE OF EMERGENCY

First Name Last Name Relationship to Participant

Home Number Work Number Cell 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? (For example: Welfare, Medi-Cal, SDI, AFDC, o SI) YES NO

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)

\$

PLEASE CONTINUE TO NEXT PAGE →

VIDEO/PHOTO RELEASE

I understand that during the Santa Barbara Police Activities League program and/or activity, 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.

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.

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 child 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, 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 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, 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.

PERMISSION FOR TRANSPORTATION

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 Babrara Police Activities League taking my child on field trips during the Santa Barbara Police Activites League program by its member chapters and/or any of their agents.

UNIFORM POLICY

Players will be loaned a uniform they will be fully responsible for maintaining it and making sure their uniform is presentable on game days. Please be aware that the cost of the uniform including jersey (and shorts if applicable) is **\$25.00**. If the uniform is lost or damaged beyond repair the person issued the uniform will assume full responsibility for replacement. Please notify the PAL office if the uniform is lost or damaged so a replacement can be made available.

RELEASE OF SCHOOL RECORDS

The Police Activities League is requesting access to view your child's school records. In doing so we will monitor their school attendance & grades. The PAL program requires each team player 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 and prepare them for high school athletics. If you wish to refuse us access it will not disqualify your child from participating in our league.

I hereby authorize the release of my child's school records to the Santa Barbara Police Activities League.

Parent/Guardian Signature

Date

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

Print Name of Parent/Guardian

Parent/Guardian Signature

Date

PLAYER CODE OF CONDUCT

The Santa Barbara Police Activities League (PAL) wishes to ensure that games are fair, positive and enjoyable experiences for all those involved. The game should be friendly and unifying - a spirited social and athletic occasion for players, coaches, referees and spectators. Recognizing that players are responsible for their own actions and behaviors, we expect all players to conform to this code of conduct:

- I will respect and accept all decisions made by the referee/coach during a game.
- I will not argue, comment or otherwise question a decision made by the referee/coach.
- I am here to participate as a member of a TEAM.
- I will encourage my teammates during practice and games.
- I will respect all teammates and opponents regardless of skill.
- I will come prepared mentally and physically to play to my potential.
- I will be on time for ALL team events.
- I will show respect for my opponents and their coaches.
- I will always participate in the sportsmanship handshake at the end of a match.
- I will respect the fact that without opponents, there is no game.
- I will respect the spirit of the game.
- I will thank the referee after the game.
- I will demand an environment from the team and myself that is free from profanity, drugs, tobacco, alcohol and gang affiliation.
- Win or lose, I will have had fun while playing the game.
- I also understand that the referee assigned is in charge of the game and, if asked to leave the game or the park, I must follow the request of the referee.
- I will maintain a 2.0 G.P.A in order to participate in games, I understand that I will have to turn in a progress report every three weeks in order to participate.

REMEMBER, THINK BEFORE YOU ACT!

I, the participant, understand that if I fail to follow these guidelines, the disciplinary procedures could include but not limited to:

- Verbal warning
- Game suspension
- Season 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 Player Code of Conduct.

Participant Full Name

Participant signature

Date

School Attending

Goleta Valley La Colina La Cumbre Santa Barbara

Parent/Guardian Signature

Date