



SALINAS POLICE ACTIVITIES LEAGUE

PO Box 88, Salinas, CA 93902
Tel: 831-758-7906 www.salinaspal.org

In Partnership with:



BOYS & GIRLS CLUBS
OF MONTEREY COUNTY

Harden Youth
Development Center
85 Maryal Dr.
Salinas, CA 93906

PARTICIPANT APPLICATION

Parents **must** complete this form for your child **to participate** in any SPAL activities. All information provided will be kept confidential and will only be released for grant funding purposes.

Child Participant Information New Application Renewal

First Name	Middle Name	Last Name	Date of Birth	Gender	Disabled
			/ /	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No

Primary Home

Address	City	Zip	Home Phone	Cell Phone
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School Name	Grade	Allergies	Special Needs

Demographics – Select your race **AND** ethnicity. Example: White **AND** Hispanic – Helps assure grant funding!

Race (Check One or More)	Ethnicity (Select Only One)	Household Size	Household Income
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American. <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	How many people are in your household?	What is your yearly household income? \$ _____

Primary Parent or Guardian | Emergency Contact? Yes No | Head of Household? Yes No

First Name	Middle Name	Last Name	Date of Birth	Gender	Disabled
			/ /	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No

Home Phone	Cell Phone	E-Mail Address
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Secondary Parent or Guardian | Emergency Contact? Yes No | Head of Household? Yes No

First Name	Middle Name	Last Name	Date of Birth	Gender	Disabled
			/ /	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No

Address	City	Zip	Home Phone	Cell Phone
			() -	() -

Medical Information

Insurance Carrier	Policy Number	Physician	Physician's Phone
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Preferred Hospital	Medical Conditions	Required Medicines

Programs and Activities of Interest

<input type="checkbox"/> Archery <input type="checkbox"/> Baseball <input type="checkbox"/> Ballet	<input type="checkbox"/> Basketball <input type="checkbox"/> Computers <input type="checkbox"/> Girl's Softball	<input type="checkbox"/> Horse Back Riding <input type="checkbox"/> Karate <input type="checkbox"/> Soccer	<input type="checkbox"/> Tennis <input type="checkbox"/> Other:
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Application Continued on Other Side

Participant Child's First and Last Name

SPAL Rules

1. As a parent, I will assure that my child understands, faithfully keeps, and abides by these rules and any other rules specific to the activity or program.
2. My child and I will observe safety rules and good practices at all time to protect him/her self and others from injury.
3. My child will play any position assigned to him/her and will always do the very best for the team.
4. When my child's team is playing, my child and I will stay off the playing field completely and will not interfere with those playing.
5. I solemnly pledge that my child and I will not in any way damage or deface any property, building or equipment.
6. I agree that my child and I will abide by all decisions of game officials, coach(es), or chaperone(s), and will not create any unsportsmanlike gestures at any time.
7. I agree that my child and I will be understanding at all times and refrain from using foul language.
8. I agree that my child will remain a member of the team or group until properly released.
9. I agree to return, if requested, the uniform and other equipment issued to me in as good condition as I received it.

Conduct and Gang Policy

SPAL has a zero tolerance policy regarding improper conduct and criminal street gang participation in our events and activities. Children, parents, or their friends are expected to respect others and not engage in behavior including fighting, challenging to fights, engaging in lewd or lascivious behavior, or using profanity. Active criminal street gang members or affiliates are not allowed at any SPAL sponsored activities. Any person displaying any gang tattoos, gang clothing, or other gang indicia will be removed from the event or activity.

Parent / Guardian Consent

As the parent/legal guardian of the above named participant, I recognize the dangers involved in the activities in which he/she will be participating and, hereby give my approval to his/her participation in SPAL functions and activities. I do hereby assume all risks and hazards incidental to such participation, including transportation to and from the activities: and I do hereby waive, resolve, absolve, indemnify, and agree to hold harmless Salinas PAL, their Respective Associations, or Organization Leagues, and the organizers, supervisors, participants, and persons transporting my child to and from activities or any claims out of injury to my child.

Video - Photo Release

I understand that during the SPAL program and/or activity, my photograph and/or the photograph of my child may be taken by SPAL, producers, sponsors, organizer, and/or assigns. 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 SPAL, producers, sponsors, organizers and/or it's assigns for such purposed as they deem appropriate.

Medical Treatment Express Consent

As the parent/legal guardian of the above named participant, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my child.

Parent/Guardian Signature(s)

As the parent/legal guardian of the above named participant, I have read and understood the above, SPAL Rules, Conduct and Gang Policy, the Parent/Guardian Consent, Video – Photo Release, and the Medical Treatment Express Consent. By signing this application, I recognize the above claims and do hereby grant permission for my child to participate in all officially recognized Salinas Police Activities League activities.

Parent Printed Name

Parent Signature

Date

The SPAL does not discriminate on the basis of handicap in violation of Section 504 of the Rehabilitation Act of 1973 or the implementing regulations to the Federal Act (45 CFR 84) in admission or access to, or treatment or employment in, the programs and activities that it operates. Inquiries concerning the implementing regulations to the Federal Act may be directed to the Executive Director and ADA Compliance Officer at 831-970-7874.