



SALINAS POLICE ACTIVITIES LEAGUE

100 Howard St, Salinas, CA 93901 (831) 512-1900

PARTICIPANT APPLICATION

New Application Renewal Application

Parents **must** complete this form for their child **to participate** in any Salinas PAL activities. All information provided will be kept confidential and will only be used for grant funding purposes.

Child Participant Information: Gender: Male Female Other | Disabled: Yes No

First Name	Middle Name	Last Name	Date of Birth
			/ /

Address	City	Zip	Phone
			() -

School Name	Grade	Allergies	Special Accommodations

Demographics- Select your race **AND** ethnicity. This helps ensure grant funding.

Race (check at least one)	Ethnicity (select one)	Household size	Household income
<input type="radio"/> American Indian or Alaskan Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White	<input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino	How many people live in your household? _____	What is your yearly household income? Please check one. <input type="checkbox"/> 0 - 30k <input type="checkbox"/> 30k - 80k <input type="checkbox"/> 80k - 120k <input type="checkbox"/> Over 120k

Primary Parent or Guardian | Gender: Male Female Other | Disabled: Yes No

Head of household? Yes No

First Name	Middle Name	Last Name	Date of Birth
			/ /

Cell Phone	Work Phone	Email
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Emergency Contact | Gender: Male Female Other | Disabled: Yes No

First Name	Middle Name	Last Name	Date of Birth
			/ /

Cell Phone	Work Phone	Email
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Medical Information

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

Programs and Activities of Interest: Please see full list on salinaspal.org

My child is interested in:	
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SPAL Rules

1. My child will follow all rules and regulations for the activity or program.
2. Safety rules will always be observed by my child and me.
3. My child will play their assigned position and give their best effort for the team.
4. We will stay off the playing field during games and not interfere with players.
5. We will not damage or deface any property or equipment.
6. We will respect the decisions of game officials, coaches, or chaperones and act in a sportsmanlike manner.
7. We will refrain from using foul language.
8. My child will remain with the team until properly released.

Conduct and Gang Policy

SPAL has a strict policy against improper conduct and criminal gang participation at our events. This includes no fighting, lewd behavior, or profanity. Gang members or affiliates, identified by tattoos or clothing, will be removed.

Parent / Guardian Consent

As the parent/legal guardian, I approve of my child's participation in SPAL activities and understand the associated risks. I waive, absolve, indemnify, and hold harmless SPAL, its associations and organizers, from any claims arising from my child's participation, including transportation to and from activities.

Video – Photo Release

I understand that my photograph or my child's photograph may be taken during SPAL activities. SPAL may use these photographs for publicity, advertising, and other lawful purposes without charge and with or without our names.

Medical Treatment Express Consent

As the parent/legal guardian, I consent to emergency medical care by a licensed Doctor of Medicine or Doctor of Dentistry for my child's well-being, regardless of the conditions.

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

By typing/signing my name this form, I agree to abide by the rules and regulations stated in this application.

Salinas PAL does not discriminate based on disability under Section 504 of the Rehabilitation Act of 1973 or its regulations. Contact the ADA Compliance Officer for inquiries on these regulations.