



# Citrus Heights Police Activities League

6315 Fountain Square Drive, Citrus Heights, CA 95621  
916-727-5500 <http://www.citrusheightspal.com>

## Membership Application

(One application per child)

PLEASE USE INK AND PRINT CLEARLY

### CHILD'S INFORMATION

Child's First Name: \_\_\_\_\_ Child's Last Name \_\_\_\_\_

Address: \_\_\_\_\_ Child Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Child Phone: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: *Male Female* (Circle one)

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Child lives with:  Both parents  Mother  Father  Other: \_\_\_\_\_

Father/Guardian's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_ (Cell /Message Phone) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mother/Guardian's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_ (Cell /Message Phone) \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Emergency Contact (Other than Parents or Guardian)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship \_\_\_\_\_ Cell /Message Phone \_\_\_\_\_ E-Mail: \_\_\_\_\_

Please tell us what programs you are interested in: \_\_\_\_\_

*The following information is NOT required, and will not affect in any way participation within the PAL program. Information will be used to compile data required by the U.S. Department of Housing and Urban Development (HUD) and other City, County, State and Federal agencies which request this information for informational purposes. This information will also assist PAL in applying for grants to fund programs.*

Do you receive any public assistance? (SSI, Food Stamps, or other Aid) **YES / NO** (Circle one)

What language is your primary language at home? \_\_\_\_\_

In what country was your child born? \_\_\_\_\_

In what country were parents born? \_\_\_\_\_

What is your ethnicity? (If more than one, write all that apply.) \_\_\_\_\_

## AGREEMENT OF INDEMNITY RELEASE OF LIABILITY AND ASSUMPTION OF RISK

As a condition of and in consideration of being permitted to enroll your child in the Citrus Heights Police Activities League and sponsored programs, you are requested to read this form carefully and indicate your agreement by dating and signing the form below.

### ACKNOWLEDGEMENT OF RISK OF ACTIVITIES

*I acknowledge and realize and am aware that my child will be participating in a variety of activities. I understand that there are elements of risks in any activity associated with participation. These risks include, but are not limited to, falling, tripping, being hit by another child, getting injured in a vehicle which is providing transportation, etc.*

*I also acknowledge and understand that although Citrus Heights PAL staff and volunteers may be present; those persons are not always able to prevent the possible injuries from risks that have been described above.*

Therefore, I agree as follows:

#### 1. Release

As a condition of and in consideration for being permitted by Citrus Heights PAL to participate in the activities provided, I for myself and/or minor children for whom I am a parent/legal guardian or otherwise responsible, any heirs, personal representatives, or assigns do hereby release, discharge, and covenant not to sue the Citrus Heights PAL, its employees, principles, directors, officers, agents, volunteers, or anyone affiliated with the Citrus Heights PAL and each/every landowner, municipal and/or governmental agency upon whose property an activity is conducted, from all liability and waive any claim for damages arising from any cause whatsoever, except that which is the result of gross negligence.

#### 2. Express Assumption of Risk and Responsibility

In recognition of the inherent risk of the activity which I and any minor children for which I am responsible, will engage in, I confirm that my child is physically and mentally capable of participating in this activity and using the equipment. My child is participating willingly and voluntarily. I assume full responsibility for personal injury, accidents and/or illness, including, but not limited to, sprains, torn muscles, bites, wounds, scrapes, abrasions and/or contusions; head, neck and/or spinal injuries, bites or attacks by animals or insects, allergic reactions, shock, paralysis, coma or death, and any related expenses that are related to my child. I assume all responsibility for damage to or loss of my/our personal property as a result of any accident that may occur.

#### Hold Harmless/Assumption of Risk

I agree that I/we will indemnify and hold harmless the Citrus Heights PAL, the City of Citrus Heights and the County of Sacramento, and any affiliated organization, its representatives, its employees, principles, directors, officers, agents, volunteers, or anyone affiliated with the City of Citrus Heights and the County of Sacramento and each and every landowner, municipal and/or governmental agency upon whose property and activity is conducted, from any loss, all liability and waive any claim for damages or costs arising from any cause whatsoever related to my child's participation, except that which is the result of gross negligence.

I further expressly agree that this assumption of risk, release and indemnity agreement is intended to be as broad and inclusive as is permitted by the laws of the State of California and if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I also agree to take any, all and full responsibility for any interactions that occur relating to an employee of the City/County who is in any fashion associated with or having contact with my child outside the specific hours of the program.

**I HAVE READ THE FOREGOING ACKNOWLEDGEMENT OF RISK, ASSUMPTION OF RISK AND RESPONSIBILITY, RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT, I AM WAIVING VALUABLE LEGAL RIGHTS. I DO SO VOLUNTARILY. I DO SO WITH FULL UNDERSTANDING THAT THE CITRUS HEIGHTS PAL, AND THE CITY OF CITRUS HEIGHTS ARE NOT TO BE HELD RESPONSIBLE, WHATSOEVER, OR AT ALL FOR INJURIES THAT MAY OCCUR TO ME AND/OR ANY CHILD OF MINE EXCEPT THAT WHICH IS CONCLUSIVELY DETERMINED TO BE THE RESULT OF GROSS NEGLIGENCE.**

**BY SIGNING THIS AS A PARENT OR GUARDIAN, I HEREBY AGREE THAT I AM DULY AUTHORIZED TO DO SO ON BEHALF OF MYSELF AND ON BEHALF OF ANY OTHER PARENT OR GUARDIAN TO THE PARTICIPATING CHILD.**

DATED: \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Parent or Guardian of Minor Child

### MEDICAL RELEASE

#### Medical / Insurance Information

Do you have INSURANCE? \_\_\_\_\_ YES \_\_\_\_\_ No

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Preferred Hospital or Clinic \_\_\_\_\_

Allergies for drugs or foods \_\_\_\_\_

Important medical information, special medications, or special instructions we should be aware of \_\_\_\_\_

\_\_\_\_\_  
List any restrictions to medical treatment \_\_\_\_\_

\_\_\_\_\_

**MEDICAL RELEASE: AUTHORIZATION CONSENTING TO TREATMENT OF MINOR**

I/We, the undersigned, parent(s) or legal guardians of \_\_\_\_\_, a minor, do hereby authorize the staff of the Citrus Heights Police Activities League, or an authorized representative, as agent(s) for the undersigned, to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis, treatment and hospital care which is rendered under the general or specific supervision of any physician and surgeon licensed under the provisions of the California Medicine Practice Act on the medical staff of a licensed hospital, whether such examination, diagnosis, or treatment is rendered at the office of said physician or at such hospital.

It is understood that this authorization is given in advance of any specific examination, diagnosis, treatment, or hospital care being required, and is given to provide authority and power on the part of our above named agent(s) to give specific consent to any and all such examinations, diagnosis, treatment, or hospital care which the aforementioned physician, in the exercise of his best judgment, may seem advisable.

Father \_\_\_\_\_ Date \_\_\_\_\_  
or  
Mother \_\_\_\_\_ Date \_\_\_\_\_  
or  
Guardian \_\_\_\_\_ Date \_\_\_\_\_

**PHOTO RELEASE**

I grant to Citrus Heights Police Activities League, its representatives and employees the right to take photographs of me and my property in connection with the Citrus Heights Police Activities League and my involvement with its functions and activities. I authorize the Citrus Heights PAL, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that the Citrus Heights PAL may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

Signature, parent or guardian \_\_\_\_\_  
(if under age 18)

