



Vacaville Police Activities League

# Vacaville Police Activities League Membership Application 2018-2019



**MEMBER (Child/Children's) INFORMATION - (Please Print)**

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

Gender: M \_\_\_ F \_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Nickname: \_\_\_\_\_

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

Gender: M \_\_\_ F \_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**SCHOOL INFORMATION**

School/s: \_\_\_\_\_ Grade/s: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Head of Household Parent/Guardian's Name: \_\_\_\_\_ Relationship to Child/ren: \_\_\_\_\_

Employer: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Relationship to Child/ren: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred contact method (Circle one): Email Phone Text Message

**Emergency Contacts:** *If you cannot be reached in case of emergency, please list persons to be contacted:*

Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child/ren: \_\_\_\_\_

Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child/ren: \_\_\_\_\_

**HEALTH & MEDICAL INFORMATION (We do not administer medications of any kind)**

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your family have health or accident insurance? Y N Health Insurance Group: \_\_\_\_\_

Health conditions we should be aware of (Asthma, Allergies etc.): \_\_\_\_\_

\_\_\_\_\_

Medications your child/children are taking: \_\_\_\_\_

Does your child/children have any behavioral or developmental issues? Special Education Designation:  
 \_\_\_\_\_ Autism \_\_\_ ADHD \_\_\_ ADD \_\_\_ Other \_\_\_\_\_

Primary language spoken at home: \_\_\_\_\_ Secondary language spoken at home: \_\_\_\_\_

Ethnicity (Please circle all that apply): African American Hispanic Asian Bi-Racial Pacific Islander Caucasian/White Multi-Racial Native American Other

How'd you hear about the PAL program (Circle one): Past member School Friend Website Social Media Flyer Events Guide

**MEDIA RELEASE/PERMISSION TO WALK HOME AUTHORIZATION:**

I hereby grant permission to the Police Activities League program to allow my child/ren to be videotaped, photographed, or highlighted on social media by The City of Vacaville for publication, marketing, or events.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

My child/ren may walk home although they are advised to remain in a supervised facility. We can't legally require them to stay. It is the responsibility of the parent/ guardian to determine if walking home is an appropriate departure method.

PAL Member/s may walk home \_\_\_ PAL Member/s requires pick up \_\_\_

**INSTRUCTIONS FOR APPLICATION SUBMISSION**

**1. Complete the application. Only complete applications will be processed.**

**2. For scholarship/membership applications**

Attach proof of income for EACH financial contributor  
 Accepted proof of income: paycheck stubs, most recent W-2 form(s), or most recent 1040s (income tax return)  
 Approved applicants will be notified by email within seven business days.  
 60 days of paycheck stubs must be submitted quarterly to retain scholarship funds

**3. Once completed application is approved a \$40 annual membership fee must be paid in person or by mail to:**

McBride Senior Center  
 Attn: Police Activities League  
 91 Town Square Place  
 Vacaville, Ca. 95688

Approved applicants will be notified within seven business days.

**4. Register for programs in person only. Scholarship member/s must receive approval notification before registering.**

**AUTHORIZATION TO RELEASE INFORMATION (This section is for all applicants)**

The undersigned authorizes the Vacaville Police Activities League to verify all employment and income information (including information of a confidential or privileged nature) with any source, for the purpose of processing the membership application with the Vacaville Police Activities League. By attaching this release form, or a copy of the same, to any verification form requiring the undersigned's signature, you are authorized by the undersigned to release information requested by the Vacaville Police Activities League. I hereby release you, your organization, or others from liability or damage which may result from furnishing the information requested.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Total Annual Household Income by Household Size: Circle # of persons, Check Income Range**

Household Size (# of persons)	Income \$0-\$30,400	Income \$16,101-\$50,650	Income \$26,851-\$81,000	Income \$42,951-\$81,001
1	___ \$0 – 16,100	___ \$16,101 – 26,850	___ \$26,851 – 42,950	___ \$42,951 or higher
2	___ \$0 – 18,400	___ \$18,401 – 30,700	___ \$30,701 – 49,100	___ \$49,101 or higher
3	___ \$0 – 20,700	___ \$20,701 – 34,550	___ \$34,551 – 55,250	___ \$55,251 or higher
4	___ \$0 – 23,000	___ \$23,001 – 38,350	___ \$38,351 – 61,350	___ \$61,351 or higher
5	___ \$0 – 24,850	___ \$24,851 – 41,450	___ \$41,451 – 66,300	___ \$66,301 or higher
6	___ \$0 – 26,700	___ \$26,701 – 44,500	___ \$44,501 – 71,200	___ \$71,201 or higher
7	___ \$0 – 28,550	___ \$28,551 – 47,600	___ \$47,601 – 76,100	___ \$76,101 or higher
8 or more	___ \$0 – 30,400	___ \$30,401 – 50,650	___ \$50,651 – 81,000	___ \$81,001 or higher

**HOUSEHOLD INFORMATION**

Head of household (Circle one): M F

Disabled? (Circle one): Y N

Is the parent or guardian active military? (Circle one): Y N

Is the child living on base? (Circle one): Y N

Does your child qualify for free or reduced school lunch? (Circle one): Y N

**PARENT VOLUNTEERS**

We would also like you to consider volunteering by choosing the options below. Your help will improve the quality of our programs.

- \_\_\_ Fundraising \_\_\_ Office/clerical \_\_\_ Homework assistance
- \_\_\_ Building/repairs \_\_\_ Arts & crafts \_\_\_ Music \_\_\_ Photography
- \_\_\_ Chaperones \_\_\_ IT/Computers \_\_\_ Field Trips \_\_\_ Cooking \_\_\_ Special events

Other areas I can help: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_



**LIABILITY AND MEDICAL RELEASE & INDEMNIFICATION AGREEMENT**

In consideration for being permitted by the Vacaville Police Activities League ("PAL") to participate in the above-described program and/or activity ("Recreation Program"), I hereby waive, release and discharge any and all claims and damages for personal injury, death, or property damage which I may sustain or which may occur as a result of my participation in said Recreation Program.

I understand and agree that:

1. This release is intended to discharge in advance PAL and its officers, officials, employees, contractors, agents and volunteers ("PAL personnel") from and against all liability arising out of or connected in any way with my participation in said Recreation Program;
2. Participation in said Recreation Program may be of a hazardous, strenuous, and/or physical nature and may involve interaction with other participants;
3. Participation in said Recreation Program may involve risk of serious injury, disability, or death, or property damage and loss, which may result not only from each participant's actions, inactions, or negligence, but also from the actions, inactions or negligence of others, including the actions, inactions or negligence or other legal fault of PAL and/or PAL personnel, or from the conditions of the facilities, equipment, or areas where said Recreation Program is being conducted, or from the unavailability of emergency medical care;
4. Knowing the risks involved, I nevertheless voluntarily requests permission to participate in said Recreation Program;
5. I hereby assume any and all risks of injury, death or property damage arising out of or connected in any way with my participation in said Recreation Program;
6. I hereby release, discharge and absolve PAL and all PAL personnel in advance from and against any and all liability, injury, or damage arising out of or in connection with my participation in said Recreation Program, or the failure on the part of the PAL and/or PAL personnel to comply with any obligations related to said Recreation Program, even though that liability, injury, or damage may arise out of the negligence or other legal fault of PAL and/or PAL personnel;
7. I will indemnify and hold PAL and all PAL personnel harmless from any loss, liability, damage, cost or expense, including litigation, arising out of or connected in any way with my participation in said Recreation Program;
8. In the event Registrant is a minor, Registrant is expressly permitted to travel by private automobile and/or PAL vehicle to and from all events and activities as needed if related to said Recreation Program, and PAL and all PAL personnel are hereby released, discharged and absolved from and against any and all liability, injury, or damage arising out of or connected with said transportation;
9. I am in good health and have no physical condition which would prevent safe participation in said Recreation Program; I acknowledge that I have the requisite skills, qualifications, physical abilities, and training necessary for proper and safe use of equipment and facilities and to participate in said Recreation Program; I agree to direct any such questions I may have as to as to what skills, qualifications or training is necessary to properly use the equipment, facility, or to participate in said Recreation Program to the onsite program or activity supervisor, and agree to immediately report to the on site program or activity supervisor any unsafe condition observed by me and/or injury incurred by me;
10. In the event Registrant is a minor and requires medical or surgical treatment while under the supervision of PAL personnel in connection with such Recreation Program, such PAL personnel may authorize treatment;
11. I understand that the PAL provides no medical insurance for treatment of illness or injury and that any cost of treatment will be at my expense. I understand that the location of said Recreation Program or the nature of the injury or illness may require the use of emergency medical services. I hereby release, discharge and absolve PAL and all PAL personnel from and against any and all liability, injury, or damage arising out of or connected with the use of such medical services;
12. I acknowledge that said Recreation Program is not child care as defined by the State of California;
13. I understand that PAL personnel may photograph or videotape me and that PAL may use such photographs or videotapes to promote PAL programs and activities. I expressly allow, and hereby waive any objection to, PAL photographing or videotaping of myself when I am participating in said Recreation Program. I understand all photos and videotapes will remain the sole and exclusive property of PAL;
14. I understand and agree that this release and indemnification agreement is intended to be as broad and inclusive as permitted under California law, and that if any portion of this release and agreement is invalid, the balance shall continue in full force and effect;
15. This release and indemnification agreement shall be effective and binding upon myself and my heirs, next of kin, family, relatives, guardians, conservators, executors, administrators, trustees and assigns.

**I HAVE CAREFULLY READ THIS RELEASE AND INDEMNIFICATION AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MY SELF AND THE VACAVILLE POLICE ACTIVITIES LEAGUE. I VOLUNTARILY AGREE TO EACH OF THE TERMS AND PROVISIONS HEREIN AND SIGN THIS RELEASE AND INDEMNIFICATION AGREEMENT OF MY OWN FREE WILL.**

Printed name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**STAFF USE ONLY:**

New Member : \_\_\_\_ Scholarship : \_\_\_\_ Date Received: \_\_\_\_\_ In Class : \_\_\_\_ / Date: \_\_\_\_\_ Applicant contacted? : Yes: \_\_\_\_ No: \_\_\_\_ Pass given? \_\_\_\_

Past Member : \_\_\_\_ Paid : \_\_\_\_ Received by & what site: \_\_\_\_\_ In KidTrax : \_\_\_\_ / Date: \_\_\_\_\_ VM : \_\_\_\_ Conversation : \_\_\_\_ Replacement Pass? \_\_\_\_