

Anderson Park Center  
120 Anderson Avenues, NW  
Atlanta, GA 30314  
Phone # (404) 799-2341



A. D. Williams Center  
1154 James Jackson Pkwy, NW  
Atlanta, GA 30318  
Phone # (404) 799-2340  
Fax # (404) 799-2345

**2016  
Member**

**Application for Membership (Age 8 – 18)**

Initial  or Update

NAME: (L) \_\_\_\_\_ (F) \_\_\_\_\_ (MI) \_\_\_\_\_ SSN #: \_\_\_\_\_

Birth Date MO/DY/YR \_\_\_\_\_ Age \_\_\_\_\_ Birth City \_\_\_\_\_ & State \_\_\_\_\_ Male  Female

Height Ft \_\_\_ ' inch \_\_\_ " weight \_\_\_\_\_ lbs. T-shirt size Circle to indicate Adult or Youth **S M L XL**

Present Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip Code \_\_\_\_\_

How long at this address? \_\_\_\_\_ Years/Months and this location (Neighborhood name) \_\_\_\_\_

Is the Applicant member currently residing in a residence that is receiving assistance from the AHA  Yes  No

(This information is for Pal Grant application purpose only so Pal can receive additional funding from Atlanta Housing Authority)

Will attend PAL:  Year Round  During School Year Only  Sports Team Only  Holiday/Breaks  Summer Camp Only

School Attending Name: \_\_\_\_\_ What Grade: \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_ Previous School Attended: \_\_\_\_\_

Sports, Hobbies' and other Interests \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_ Home Phone \_\_\_\_\_

Relationship: Mother  Father  Grandparent  Other  \_\_\_\_\_

Number of Brothers:  Sisters:  How many living at home?  Attends PAL?

Parent / Guardian Employment:  Year Round Full Time  Year Round Part Time  Other \_\_\_\_\_

Summer Only Full Time  Summer Only Part Time  None

Reason(s) for joining PAL: (check any number of appropriate boxes) Sports  Tutoring/After School Program

Dance/Cheerleader  Mentoring/Guidance  Music  Teen Club  Ask me other \_\_\_\_\_

I wish to be a member of the Atlanta Police Athletic League. I promise to take care of the league's property, to obey its leaders and to be loyal to the league. Child must be age 8 – 18 to participate in PAL programs.

X \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_  
Member Name (please print) Member's Signature (if over 14 YOA) Date Signed

X \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_  
Parent/Guardian Name (please print) Parent/Guardian Signature Date Signed

**Official Use Only (Office staff when collecting check that all paperwork is in order and then initial off on paper).**

Reviewed by Contacted Officer \_\_\_\_\_ Date Received \_\_\_\_\_

Pal Supervisor \_\_\_\_\_ Date Approved \_\_\_\_\_

**Emergency Contact & Approved Personal Information for Picking Up & Signing Out Members**

Father's Employment \_\_\_\_\_ / \_\_\_\_\_ Work Phone# \_\_\_\_\_  
Name address

Home Phone# \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email Address (Personal) \_\_\_\_\_ Email Address (Work) \_\_\_\_\_

Mother's Employment: \_\_\_\_\_ / \_\_\_\_\_ Work Phone# \_\_\_\_\_  
Name address

Home Phone# \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email Address (Personal) \_\_\_\_\_ Email Address (Work) \_\_\_\_\_

Emergency Contact Person (If different from Father/Mother) \_\_\_\_\_

Relationship \_\_\_\_\_ Emergency Contact Phone# \_\_\_\_\_

Do you give your child permission to walk home from PAL Center? (Must be over 12 years old) Yes  No

Neighbor's Name# \_\_\_\_\_ Phone## \_\_\_\_\_ Address#: # \_\_\_\_\_

Addition People who may be allowed and responsible for pick up of PAL member (I.D. required for pick up):

\_\_\_\_\_  
(Name) (Name) (Name)

PAL member involved in PAL activities is allowed to (mark all boxes that apply):

Walk home  Catch bus  Ride MARTA train  Parent/Guardian pick-up  other

**I understand that I am responsible for making sure my child gets home or to place of destination, and Knowingly and freely assume all responsibilities.**

**MEDICAL INFORMATION**

Child's Doctor/ Physician \_\_\_\_\_ Phone # \_\_\_\_\_

**List any physical, mental effects, behavior issues, diseases, &/or disabilities i.e. (Allergies, Epilepsy, Heart Murmur, Rheumatic Fever, Respirator Problems, ADHD, Hyperactivity)**

Is the child currently taking medication? Yes  No  If yes, explain \_\_\_\_\_

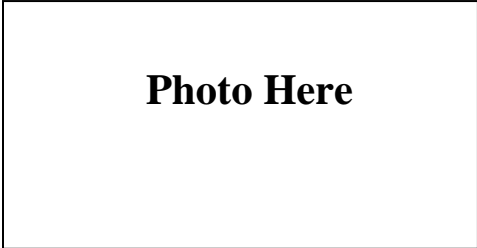
List any allergies (to pollen, food, animals, medicine, etc.) \_\_\_\_\_

**PAL PHOTO/VIDEO WAIVER**

I hereby voluntarily grant the Police Athletic League (hereinafter referred to as "PAL") and the Atlanta Police Department (hereinafter referred to as "APD") permission to use the image and physical likeness of my child in photographic, video, other electronic medium and print or other promotional materials depicting and promoting the curriculum, sports programming and other events and activities sponsored by PAL and the APD.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

PAL Member Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If over 14 YOA)





**RELEASE OF LIABILITY – READ BEFORE SIGNING**

In consideration of being allowed to participate in any way in the Atlanta Police Athletic League, its related events and activities, I, \_\_\_\_\_, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the Potential for permanent paralysis and death, and while particular skills, equipment, and Personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or other, and assume full responsibility For my participation; and
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Atlanta Police Athletic League immediately; and,
4. I, for myself and on behalf of my heirs, assign, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS the Atlanta Police Athletic League, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity (“Releases”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or Damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent Permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

X \_\_\_\_\_ Age: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
PARTICIPANT’S SIGNATURE

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE**  
**(UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child’s involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASE, to the fullest extent permitted by law.

X \_\_\_\_\_ Date Signed: \_\_\_\_\_  
PARENT/GUARDIAN’S SIGNATURE (please print name)





**A. D. Williams Recreation Center**  
 1154 James Jackson Parkway, NW  
 Atlanta, GA 30318  
 Phone # (404) 799-2551  
 Fax # (404) 799-2345

**Anderson Park Recreation Center**  
 120 Anderson Avenue, NW  
 Atlanta, GA 30314  
 Phone # (404) 799-2341  
 Fax # (404) 799-2352

**PERMISSION SLIP - (FIELD TRIPs / EVENTs)**

I, \_\_\_\_\_ give my permission for the Atlanta Police Athletic League’s  
 (Parent/Guardian’s Name)

(Staff members, Officers &/or volunteers) for my child \_\_\_\_\_ to take part  
 (Child’s Name)

In all scheduled events on the specified date to be announced at a later time during summer camp, afterschool, scheduled practices, weekend special events and schedule activities and may be transported to such locations.

I understand that my child will be going on a field trip or to an event at \_\_\_\_\_  
 (Field Trip/Event/or Location)

That will take place on \_\_\_\_\_ at \_\_\_\_\_ a.m. /p.m.,  
 (Date) (Time)

And that the child will be traveling by transportation provided by Atlanta Pal staff members. I also understand, by giving this permission, these activities will be supervised by employees’ staff members, and volunteers of the City of Atlanta Police Department Police Athletic League, with the child’s safety being their concern.

**In Case of an Emergency** concerning my child, you should contact:

\_\_\_\_\_ At \_\_\_\_\_  
 (Emergency Contact Person’s Name) (Emergency Contact Person’s Telephone Number)

\_\_\_\_\_ (Parent/Guardian’s Signature) \_\_\_\_\_ (Parent/Guardian’s Telephone Number)

\_\_\_\_\_ (APD Officer’s Signature) \_\_\_\_\_ (Date)

**\*\* Permission Slip must be signed, returned for your Child to participate in any Trip or Event. Copies will be placed on file and reused for each approved event \*\***



A \$20.00 fee has been implemented for each organized sport and will be due and collected prior to the first competition of the individual event. Community Service is also required for all PAL members quarterly

PAL centers are open from 10:00 Am to 6:00 PM daily Monday - Friday. After school program starts 3:00 pm and end at 6:00 pm 5:45 gym closes. The only PAL members that are permitted to stay at the center after 6:00 pm are members that are involved in activities that have practice being held with their team coaches. Parents/Guardians will be responsible for all transportation to and from all Pal Centers, some scheduled events, after-school program, and Summer Camp. Please read and sign all PAL Rules and Regulations with your child/children members. There will be a \$10.00 late fee charged for picking up your child after 6:00 pm. If you have any questions please contact one of the PAL officers at (404)799-2340 or (404)799-2341 or stop by one of the Pal Centers also visit us on line at AtlatnaPal.org. (All applications can be downloaded there)

Youth who violate PAL rules & policies will be dealt with on a case by case basis utilizing Physical Exercise, Time-Outs, Writing Assignments , Community Service, Behavior Contracts, Dismissal from Center, at Home Suspensions, or if it is severe, Permanent Removal from the PAL Center and all other PAL programs.

***I do hereby agree to the following listed PAL rules & policies and agree to allow my son/daughter to partake in all Pal activities.***

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Print Parent/Guardian: Last	First	MI	Signature	Relation to Member	Date
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If you would like to be placed on our email (& text) contact list to receive notification for Pal events, updates, and our monthly news letter please provide it below, also please provide the Pal members' email address if they have one as well and would like to be placed on our contact list for updates.

Parent/Guardian **Email Address:** \_\_\_\_\_ Phone# (only for text messages) \_\_\_\_\_

**NAME** Parent/Guardian (if not the same as above) \_\_\_\_\_

First, Last Relation to Member

Pal Member **Email Address:** \_\_\_\_\_ Phone# (only for text messages) \_\_\_\_\_

If participating in organized athletic competition that are compete in the City of Atlanta Department of Parks and Recreation all members must have additional information & documentation that is required to be brought back to Pal and attached with application when turned in is;

- Copy of the member's **birth certificate**
- Copy of member's most **current report card**
- Copy of **parent** and/or legal **guardians'** Ga. State **ID/Drivers** license.
- Copy of a **current utilities bill** i.e. electric, gas, power, and/or phone.
- Current wallet size **photo.**

## **Pal Rules and Regulations (will be followed and obeyed by all members).**

1. **Be respectful to EVERYONE at all times.**
2. PAL members **will behave on their best behavior and conduct themselves appropriately** on and off PAL property at all times.
3. **No Bulling, Name Calling, or Harassment of any kind.**
4. **No gang** membership, affiliation, recruiting, gang signs, &/or any gang-related items &/or paraphernalia (i.e. but not limited to clothes, handkerchiefs, posting pictures on **“Facebook”, YouTube &/or any other type of Social Media** etc.) If found or discovered to be involved with a Gang it will result in automatic suspension of Pal and Pal related activities and events, with return contingent on review by the Executive Board.
5. **No weapons** or anything resembling a weapon. If youth are caught with a weapon they will automatically be suspended with return contingent on a review by the Executive Board.
6. **No Drugs** or Anything drug-related items &/or paraphernalia (i.e. clothes, handkerchiefs, etc.)
7. **No Drinking of alcohol &/or any product with high concentration of alcohol in it meant for municipal purpose**
8. **No Smoking** for youth and adults in or outside of the premises.
9. **No sagging pants and/or exposed underwear.** Pants must be worn on the waist with a belt.
10. **No clothing with explicit material-** alcohol, tobacco, drug products, guns, sex, violence, and religious products &/or emblems displayed.
11. **No white (any color) tank top and/or sleeveless shirts.**
12. **No hats or hoodies pulled up over head.**
13. **No fighting** or play fighting. Fighting results in automatic suspension to be determined by staff.
14. **No Horse Play** and running in the halls.
15. **No Bouncing balls in hall** ways (may bounce balls in the gym only!)
16. **No cursing.** There are also consequences for other inappropriate language and derogatory remarks.
17. **No Stealing Theft &/or Vandalism of any PAL &/or anyone’s personal &/or private property** will result in automatic suspension with return contingent on a review by the Executive Board.
18. **No “Facebook”, &/or any other type of Social Media &/or Loud Obnoxious Demeaning, Degrading, Disrespectful Music, Gang pictures &/or what any Pal Staff Deem Inappropriate Material!**
19. **No Electronic Devices** youth members only (i.e. cell phones, iPods, iPods mp3 players). If youth members bring them they will be confiscated until the end of the day.
20. **No public display of affection.** (i.e. simulated sexual acts kissing, hugging, holding hands,).
21. **No youth or members in office & kitchen** (only Staff members and volunteers permitted).
22. **No gum & No Sunflower seeds** every any ware.
23. **No food or drink in gym.**
24. Any violation of Pal policy rules and regulations will result in disciplinary action determined by pal Staff includes the following but not limited to.
  - a) **Physical exercise** such as- running laps, push-ups/ sit-ups, leg lifts squats up downs.
  - b) **Writing Assignments**, Sentences, Essays, & Apology Letters, Copying Definitions.
  - c) **Time-outs & sit downs**
  - d) Various janitorial and **cleaning tasks**
  - e) **Community Service**
  - f) **Behavior Contracts**
  - g) **Suspensions**
  - h) **Expulsions**

**PAL is not responsible for any lost or stolen items &/or money, or for watching items brought to the center, members are responsible for keeping track of their own items.**

Pal Member Signature \_\_\_\_\_ Date: \_\_\_\_\_

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