



Citrus Heights PAL Youth Leadership Council

6315 Fountain Square Drive,
Citrus Heights, CA 95621 (916) 727-5500
<http://www.citrusheightspal.com>
YLC Application (14 – 20 years of age)
(One application per candidate)



PLEASE USE INK AND PRINT CLEARLY

APPLICANT'S INFORMATION

Applicant's First Name: _____ **Applicant's Last Name** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Date of Birth: _____ **Age:** _____ **Sex:** *Male Female* (Circle one)

Race: *American Indian Asian Black Hispanic White Other* (Circle one)

School: _____ **Grade:** _____

Applicant 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:* _____

The following information is NOT required, and will not affect participation in any way. 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 the Citrus Heights Police Activities League in applying for grants to fund future programs.

Estimated household income: _____

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

What language is your primary language at home? _____

INTERESTS / TRAINING

What are your career interests? _____

Previous training or experience? _____

DRIVING *(Use additional paper if needed)*

Do you have a license? No Yes Drivers License Number: _____

Traffic violations? No Yes What/When? _____

ARRESTS *(Use additional paper if needed)*

Arrested for crime? No Yes What/When? _____

Convicted of crime? No Yes What/When? _____

Have you used drugs? No Yes
What/When? _____

SCHOOL *(Use additional paper if needed)*

Suspended? No Yes Why/When? _____

Expelled? No Yes Why/When? _____

How many days absent or tardy last semester/quarter? _____

GPA when you last attended school? _____

REFERENCE *(All applicants must provide 1 letter of recommendation)*

Adult Reference (1): _____

Phone: _____

Relationship: _____

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 such as the Youth Leadership Academy. 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, 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 Police staff and volunteers may be present; those persons are not always able to prevent the risks that have been described above.

Therefore, I agree as follows:

1. Release

As a condition of and in consideration of 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/or 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.

3. 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 for 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 Applicant's Name (above)

Signature of Parent or Guardian of Minor Applicant (above)

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 Department, its representatives and employees the right to take photographs of me and my property in connection with the Youth Leadership Academy 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:

Applicant's Signature _____

Printed name _____

Address _____

Date _____

Signature of parent or guardian _____

MEMBERSHIP AGREEMENT

TO PARENTS/GUARDIANS:

THE CITRUS HEIGHTS POLICE ACTIVITIES LEAGUE is conducting programs which will provide positive and constructive athletic, recreational and educational activities for your son, daughter or ward. Each activity is designed to teach valuable life skills to its members. The **CITRUS HEIGHTS POLICE ACTIVITIES LEAGUE** staff expects your child to act in a responsible and respectful way towards other youth and our officers, instructors, coaches and volunteers. Therefore it is imperative that your child adheres to the safety policies we have set forth.

A positive attitude, respect for others and the environment are most important! The completion of this registration form gives the **Citrus Heights Police Activities League** permission to provide athletic, recreational and education activities to the youth whose name appears below.

TO THE PARTICIPANT (CHILD):

You are responsible for appropriate behavior during the time you are participating in the **Citrus Heights Police Activities League**. In order to become a member of the **Citrus Heights Police Activities League** you must agree to the following:

1. I will maintain a positive attitude at all times.
2. I will dress appropriately during all activities. (Shirts and shoes are required at all times.)
3. I will respect myself and others at all times. I will not say racist or prejudicial remarks.
4. **I will not use or have possession of any drugs, alcohol beverage, cigarettes, or weapons of any kind.**
5. I will not use profanity, will not act physically or verbally abusive or become violent with others.
6. I will RESPECT all equipment, supplies, and materials.
7. I will not play nor sing music which has offensive lyrics.
8. I will not leave the scheduled activity until I notify all staff members present and after receiving permission from a staff member in charge.
9. I will be on time for all scheduled meetings, activities, and trips.
10. I will report any problems to the staff.
11. I will not sexually harass anyone of any kind and will report any incidents of harassment of any kind.
12. I will follow ALL safety instructions at all times.
13. I will stay in school, participate in class, and strive to maintain at least a "C" average at all times.

Any violation of the aforementioned rules will result in corrective action being taken. We are looking forward to providing all Citrus Heights Police Activities League members with a positive experience. It is the responsibility of the Citrus Heights Police Activities League staff to maintain a safe environment for our youth. Therefore we cannot allow the behavior of any individual to jeopardize the success and safety of our program. The corrective action protocol is as follows:

- **Oral reprimand**
- **Written reprimand**
- **Dismissal from our program**

Depending on the severity of the violation, a participant may be expelled from the Citrus Heights PAL program for any one single violation.

I, _____ agree to be a responsible member of the Citrus Heights Police Activities League. I will behave in a manner that promotes respect for others and their property. I have read and understand the rules for being a member. I further understand that my membership privileges may be revoked at any time as a result of violating the aforementioned rules.

_____ Date _____

Signature of Participant (Applicant)

_____ Date _____

Signature of Parent

CHPAL YOUTH LEADERSHIP COUNCIL

STATEMENT OF UNDERSTANDING

APPLICANT STATEMENT OF UNDERSTANDING

I hereby represent that I have carefully read and understand the contents of this document consisting of General Membership Requirements, Waiver of Liability, and Hold Harmless agreement, and understand the contents of these documents and sign same of my own free will.

Executed at _____,

on this _____ day of _____, 20 ____.

Applicant's Signature Date

Printed Name Phone Number

PARENT / GUARDIAN STATEMENT OF UNDERSTANDING

As parent / legal guardian of _____, I have read the attached forms as noted above and agree to all the terms contained therein.

Parent / Guardian's Signature Date

Printed Name Phone Number

Parent / Guardian's Signature Date

Printed Name Phone Number

Address (Street, City, Zip)

I hereby apply for the position of Youth Leadership Council at the Citrus Heights Police Department. I further consent and authorize a representative from the department to conduct a background investigation, including but not limited to, a juvenile and criminal history records check, driver's license history check from the Department of Motor Vehicles, and contact with the listed references:

Signature Date

Print Name