



PAL ID Number: _____ Entered By: _____ Date: _____ ID card made <input type="checkbox"/> By: _____
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**2011 Police Activities League- New Member Registration Form**

**\*\*required documentation: birth certificate, shot records, EOG scores, most recent report card\*\***

Is the Member a returning PAL member? YES NO

If not, how did you hear about us? \_\_\_\_\_

Name of Child (Last, First & Middle)			Name of Parents		
Allergies, If Any			Address (Number and Street)		
Child's Date of Birth	Age	Home Phone Number ( )	City	State	Zip Code
1. Mother's Employer			Hours of Employment	Business Phone Number ( )	
Address (Number and Street Name)			City	State	Zip Code
2. Father's Employer			Hours of Employment	Business Phone Number ( )	
Address (Number and Street Name)			City	State	Zip Code

**PERSON OTHER THAN PARENT TO BE NOTIFIED IN EMERGENCY SITUATIONS WHEN PARENT IS NOT AVAILABLE**

Name	Relationship to Participant	Home Phone Number ( )	Cell Number ( )
Address		City	State Zip Code

**NAME OF PERSONS OTHER THAN PARENT WHOM CHILD MAY BE RELEASED TO (MUST BE 18 YEARS OF AGE OR OLDER)**

1.	2.
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Mother's Email Address: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

**PLEASE ANSWER ALL QUESTIONS ON THIS PAGE!**

# *Student Medical Report*

Name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Address of Parent or Guardian: \_\_\_\_\_

## **A. Medical History (May be completed by parent)**

1. Is the child allergic to anything \_\_\_ No \_\_\_ Yes If yes, what? \_\_\_\_\_

\_\_\_\_\_

2. Is the child currently under a doctor's care? \_\_\_ No \_\_\_ Yes If yes, for what reason? \_\_\_\_\_

\_\_\_\_\_

3. Has the child been diagnosed with ADD, ADHD or ODD? \_\_\_ No \_\_\_ Yes If Yes, please list all diagnoses \_\_\_\_\_

\_\_\_\_\_

4. Is the child on ANY medication? \_\_\_ No \_\_\_ Yes If yes, what? \_\_\_\_\_

\_\_\_\_\_

5. Any previous hospitalizations or operations? \_\_\_ No \_\_\_ Yes If yes, when and for what? \_\_\_\_\_

\_\_\_\_\_

6. Any history of significant previous diseases or recurrent illness? \_\_\_ No \_\_\_ Yes; Diabetes: \_\_\_ No \_\_\_ Yes;

Convulsions: \_\_\_ No \_\_\_ Yes; Heart Trouble: \_\_\_ No \_\_\_ Yes. If others, what/when? \_\_\_\_\_

\_\_\_\_\_

7. Does the child have any physical disabilities: \_\_\_ No \_\_\_ Yes If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

8. Any mental disabilities? \_\_\_ No \_\_\_ Yes If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\*\*\*\*\**Insurance Information*\*\*\*\*\*

**PLEASE ANSWER ALL QUESTIONS ON THIS PAGE!**

**Insurance is required for all children enrolled in the PAL Program**

<b>Emergency Contact and Medical Information</b>							
Child's Name				Date of Birth		M	F
						Sex	
Parent's/Guardian's Name				Parent's/Guardian's Name			
( )		( )		( )		( )	
Home Phone		Cell Phone		Home Phone		Cell Phone	
Address				Address			
City, ST ZIP Code				City, ST ZIP Code			
<b>Alternative Emergency Contacts</b>							
Primary Emergency Contact				Secondary Emergency Contact			
( )		( )		( )		( )	
Home Phone		Work Phone		Home Phone		Work Phone	
Address				Address			
City, ST ZIP Code				City, ST ZIP Code			
<b>Medical Information</b>							
Hospital/Clinic Preference							
Physician's Name							
Practice Name				Office Fax			
Physician Address				Phone Number			
Insurance Company				Policy Number			
Allergies/Special Health Considerations							
<p>I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.</p>							
Parent's/Guardian's Signature				Date			
<p>I give permission for my child to go on field trips. I release The Police Activities League Program and individuals involved with the PAL program from liability in case of accident during activities related to the Police Activities League.</p>							
Parent's/Guardian's Signature				Date			

**PLEASE ANSWER ALL QUESTIONS ON THIS PAGE!**

## Waiver

This health history is complete and accurate, and the participant has permission to engage in all activities unless otherwise specified in writing.

I understand that the PAL Program; as well as any of their community partners; assumes no responsibility for injuries or illness which my child may sustain as a result of his/her participation in athletic activities, sports programs, the use of any equipment, exercise or other activities. I expressly acknowledge that I assume the risk for any and all injuries and all illnesses which may result from his/her participation in these activities. In consideration of this privilege of participating at the PAL Program, I hereby voluntarily release and discharge the PAL Program; as well as any of the community partners and its agents, servants, and employees from any and all claims of injury, illness, death, loss or damage which my child may suffer as a result of his/her participation in these activities.

A parent/guardian must discuss with the Program Director any special condition or circumstances involving their child. This must be completed prior to registration or attendance.

I agree to have my child examined within a reasonable time period by a family physician stating he/she is free from communicable disease and has not been exposed to such. I hereby give my permission to the medical personnel selected by the PAL Program to order X-rays, tests, treatments and to release any records necessary for insurance purposes. In the event that I cannot be reached, I hereby give permission to the physician selected by the Program Director to secure and administer treatment, including hospitalization for my child. I understand that no accident or medical insurance of any kind is provided by the PAL organization.

I grant permission for my child to have their school records (grades, attendance, demographics, and behavior and EOG test scores) for the current school year released to the designated PAL Site and/or personnel. I understand that my child's information will not be disclosed to anyone other than local, state or grant affiliates.

I give permission to the PAL Program- without limitation or obligation- for photographs, film footage, and/or tape recordings to be taken, which may include my child's image or voice for purposes of promoting or interpreting PAL Programs and release the PAL Program; as well as any of their community partners; from any claim of liability to that use.

I give consent for my child to leave the PAL Program, to participate in authorized PAL trips and to ride in authorized vehicles for the purpose of transportation in connection with the PAL Program

I have read the following waiver form and agree to adhere to all policies set forth by the Police Activities League Program.

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

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## Discipline and Behavior Management Policy

Praise and positive reinforcement are effective methods of behavior management for children. When a child receives positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on the belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy.

### WE DO:

1. Praise, reward, and encourage the children.
2. Reason with and set limits for the children.
3. Model appropriate behavior for the children.
4. Modify the classroom environment to attempt to prevent problems before they occur.
5. Listen to the children.
6. Provide alternatives for inappropriate behavior to the children.
7. Provide the children with natural and logical consequences of their behavior.
8. Treat the children as people and respect their needs, desires, and feelings.
9. Explain things to children on their levels.
10. Use short supervised periods of "time-out."
11. Stay consistent in our behavior management program.

### WE DO NOT:

1. Spank, shake, bite, pinch, push, pull, slap or otherwise physically assault the children.
2. Make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
3. Shame or punish the children when bathroom accidents occur.
4. Deny food or rest as punishment.
5. Relate discipline to eating, resting, or sleeping.
6. Leave the children alone, unattended, or without supervision.
7. Place the children in locked rooms, closets, or boxes as punishment.
8. Allow discipline of children by children.
9. Criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups.

I, the undersigned parent or guardian of \_\_\_\_\_ (child's full name) do hereby state I have read and received a copy of the facility's Discipline and Behavior Management Policy and that the facility's director/coordinator (or other designated staff member) has discussed the facility's Discipline and Behavior Management Policy with me.

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

**PLEASE ANSWER ALL QUESTIONS ON THIS PAGE!**

# Student Data Sheet

Student Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_

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

Teacher's Name: \_\_\_\_\_

Race: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: (please circle) Male Female

Student Resides With: (Please circle one)

Mother & Father Mother Only Father Only Mother & Step-Father

Father & Step-Mother Grandparents Other: \_\_\_\_\_

Free or Reduced Lunch Eligible: YES NO

Most Recent EOG/EOC Math & Reading Scores/Year:

MATH \_\_\_\_\_ READING: \_\_\_\_\_

Student's Most Recent Report Card Grades/Quarter:

MATH: \_\_\_\_\_ READING: \_\_\_\_\_

Student's Current GPA: \_\_\_\_\_

What is your student's favorite subject in school? \_\_\_\_\_

Has the student ever been tested for any of the following? (Please Circle One)

**ADHD ODD ADD**

Has the student taken or currently on medication for any of the above (Please Circle One)

**YES NO**

Has the student ever been: (Please Circle One)

**SUSPENDED EXPELLED IN SCHOOL SUSPENSION**

Has the student ever been convicted of a crime? (Please circle one) **YES NO**

Has the student ever exhibited any aggressive behaviors? (Please circle one) **YES NO**

**PLEASE ANSWER ALL QUESTIONS ON THIS PAGE!**

## Family Demographic Information

Total Household Members: \_\_\_\_\_ Members over 18: \_\_\_\_\_

Members 17 and under: \_\_\_\_\_

Family income: Please place a check beside your choice:

### Income:

\$0.01	\$10,000	
\$10,001	\$20,000	
\$20,001	\$30,000	
\$30,001	\$40,000	
\$40,001	\$50,000	
\$50,001	\$60,000	
\$60,001	\$70,000	
\$70,001	\$80,000	
\$80,001	\$90,000	
\$90,001	\$99,999	
\$100,000	Plus	

### Assistance Programs:

TANF	
Food Stamps	
General Assistance	
SSDI	
SSI	
Section 8	
CHA	
Medicaid	
Medicare	
Free Lunch	
Tax Credit	

### Member Interest:

	After School Enrichment (SITE: _____)	7 yrs to 16 yrs
	Baseball	4 yrs to 14 yrs
	Basketball	8 yrs to 12 yrs
	Boxing	10 yrs to 21 yrs
	Cheerleading	5 yrs to 16 yrs
	Dance	8 yrs to 15 yrs
	Football	5 yrs to 16 yrs
	Golf	10 yrs to 15 yrs
	Martial Arts	8 yrs to 14 yrs
	Soccer	5 yrs to 14 yrs
	Summer Camp (SITE: _____)	7 yrs to 16 yrs
	Weight Lifting	14 yrs + ONLY
	Wrestling	5 yrs to 15 yrs

**Note: PLEASE NO PERSONAL CHECKS. Money Orders, Certified Checks or Cash ONLY.**

**\*\* Registration fee is NON-REFUNDABLE \_\_\_\_\_ (INITIAL PLEASE)**

\*\*\* A Limited number of Scholarships may be available and awarded on a verified need basis.

\*\*\* PAL Membership fee is independent of any fees that are required to participate in PAL programs requested. Additional enrichment and programmatic registration fees may apply.

**CARD REPLACEMENT WAIVER:** I agree, in the event that my child has lost, misplaced, or does not have for more than 1 week their identification card, that I will notify PAL and a replacement ID card will be purchased for a fee of \$5.00. If a youth does not have an ID card present at the activity/practice, they may not be eligible for participation and a parent will be called to pick them up immediately.

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

**PLEASE ANSWER ALL QUESTIONS ON THIS PAGE!**



**Police Activities League of Charlotte-Mecklenburg  
2011 Player Code of Conduct Agreement**

I, \_\_\_\_\_ of team \_\_\_\_\_  
 (Please print player's name) (Please print player's team name & Sport)  
 have read and understand the following code of conduct agreement, and I agree to follow these principles.

***Every player who competes as a member of the Police Activities League of Charlotte-Mecklenburg is expected to follow a code of conduct that promotes healthy competition, sportsmanship, accountability, and overall good citizenship within the community. To fulfill this expectation, every player and his or her parent(s) are required to agree to the following:***

- 1) Police Activities League players will maintain at least a 2.0 GPA or equivalent.
- 2) Police Activities League players will not use alcohol or illegal substances at any time.
- 3) Police Activities League players will not use profanity at any time, especially at practices and games.
- 4) Police Activities League players will accept responsibility for all fouls and not talk back to the referee or official.
- 5) Police Activities League players will not retaliate against any foul. Violators of this rule will be removed from the field or gymnasium.
- 6) Police Activities League players will acknowledge the referees' efforts at the end of each game by shaking their hands and thanking them, regardless of the game's result.
- 7) Police Activities League players will shake hands with their opponents after each game.
- 8) Police Activities League players will stand respectfully with either their hands at their side or their right hand over their heart during the playing of the national anthem before any game.
- 9) Police Activities League players will notify their coaches at least one day before their scheduled practice session if they are not able to attend.
- 10) Police Activities League players will participate in any/all team engaged community service *projects* (both Fall and Winter). Community service activities may be organized by the coach and/or the PAL administration. Any player who fails to participate in the team engaged community service project will not be allowed to play in the next scheduled game or match.
- 11) Parents and friends of Police Activities League players will refrain from talking to or yelling at the referees or other teams' players. Under no circumstances is this allowed within the Police Activities League organization.
- 12) Parents and friends of Police Activities League players will refrain from coaching any player from the sidelines. *Cheering and encouragement are welcome at all times.*
- 13) It is the responsibility of each Police Activities League player to submit a copy of his/her report card each term, as well as, to submit a copy of their End of Grade (EOG's) Test Scores. Failure to adhere to this request can result in your not being allowed to play in a game or match.
- 14) Players will not use deliberately rough tactics during a game against an opponent.
- 15) Parents or relatives of players are not permitted on the field, bench or coaching sideline, whether at the game or at practice.
- 16) **Parents must turn in all uniforms and equipment at the conclusion of the Athletic Program to their coach or PAL Staff! Failure to do so will result in your paying for the uniform/equipment and will not be allowed to participate in any other program**

***Violation of this agreement in any way may result in consequences ranging in severity from non-participation in practices to an inability to participate in the PAL program. The severity of the consequences may be determined by the Coach, PAL Staff, and/or Executive Director. By signing the Player Code of Conduct, you are agreeing to the code, as well as, its possible consequences.***

Agreed to by:

\_\_\_\_\_   
 Player's Signature

\_\_\_\_\_   
 Date

\_\_\_\_\_   
 Parent's Signature

\_\_\_\_\_   
 Date

**PLEASE ANSWER ALL QUESTIONS ON THIS PAGE!**



## 2011 PAL Member Program Registration Form

*\*\* If you already are a member of PAL and wish to sign up for additional programming, Please complete this form\*\**

**Child Name:** \_\_\_\_\_ **Child Date of Birth:** \_\_\_\_\_  
**Parent Name:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Are you a current member of PAL and in good standing?** (Circle) YES NO

**Please check which program you would like to register your child for:**

	After School Enrichment (SITE: _____)	7 yrs to 16 yrs
	Baseball (Girls and Boys to age 10)	5 yrs to 14 yrs
	Basketball	8 yrs to 12 yrs
	Boxing	10 yrs to 21 yrs
	Cheerleading	5 yrs to 16 yrs
	Dance	8 yrs to 15 yrs
	Football	7 yrs to 16 yrs
	Golf	9 yrs to 15 yrs
	Martial Arts	8 yrs to 14 yrs
	Photo-Journalism	10 yrs to 16 yrs
	Soccer	4 yrs to 14 yrs
	Summer Camp (SITE: _____)	7 yrs to 16 yrs
	Weight Lifting	14 yrs + ONLY
	Wrestling	5 yrs to 15 yrs

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