



ANTIOCH POLICE ACTIVITIES LEAGUE MEMBERSHIP AGREEMENT

TO PARENTS/GUARDIANS

THE ANTIOCH 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 **ANTIOCH POLICE ACTIVITIES LEAGUE** staff expects your child to act in a responsible and respectful way towards other youth and our instructors, coaches and volunteers. Therefore it is imperative that your child adheres to the safety policies we have set forth.

A POSITIVE ATTITUDE, AS WELL AS RESPECT FOR OTHERS AND THE ENVIRONMENT ARE MOST IMPORTANT! The completion of this registration form gives the **ANTIOCH POLICE ACTIVITIES LEAGUE** permission to provide athletic, recreational, and educational activities to the youth whose name appears below.

TO THE PARTICIPANT:

You are responsible for appropriate behavior during the time you are participating in the **ANTIOCH POLICE ACTIVITIES LEAGUE**. In order to become a member of the **ANTIOCH POLICE ACTIVITIES LEAGUE** you must agree to the following:

1. *To maintain a positive attitude at all times.*
2. *To dress appropriately during all activities. (shirts and shoes are required at all times).*
3. *To respect yourself and others at all times. No racist or prejudicial remarks.*
4. ***NOT to use or have in your possession any drugs, alcoholic beverage, cigarettes, or weapons of any kind.***
5. ***NOT to use profanity, NOT to act physically or verbally abusive, NOT to become violent with others.***
6. *To respect all equipment, supplies, and materials.*
7. ***NOT to play nor sing music which has offensive lyrics.***
8. *To leave the scheduled activity ONLY after notifying all staff members present and after receiving permission from staff member in charge.*
9. *To attend and be on time for all scheduled meetings, activities, and trips.*

10. *To report any problems to the staff.*
11. *No sexual harassment of any kind.*
12. *To follow ALL safety instructions at all times.*

Any violation of the aforementioned rules will result in corrective action being taken. We are looking forward to a positive experience. It is the responsibility of the Antioch 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:

- 1. Oral reprimand.**
- 2. Written reprimand**
- 3. Dismissal from our program.**

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

I, _____ agree to be a responsible member of the **ANTIOCH 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.

Signature of Participant

Date

Signature of Parent/Guardian

Date

ANTIOCH POLICE ACTIVITIES LEAGUE

**300 "L" Street
Antioch, CA 94509
(925) 779-6963**

REGISTRATION INFORMATION

(Please print in ink or type)

SCHOOL : _____

Participant's Name: _____ D.O.B: _____

Address: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Parent/Guardian: _____ Emergency Phone: _____

EMAIL: _____

MEDICAL INFORMATION

Allergies: (food, medicine, plants, etc.) _____

Are you taking any medications? Yes () No () Name of medication(s): _____

Dosage: _____ Medical condition: _____

Date of last Tetanus shot: _____ Glasses: Y () N () Contacts: Y () N ()

If yes, participant must bring glasses with retention strap.

MEDICAL HISTORY

Circle Yes next to the corresponding body part if participant has had any previous injuries, pre-existing or special conditions (i.e., recent fracture or surgery). Otherwise circle No. (ALL information will remain confidential)

- | | | | | | | | | | | | |
|---------|-----|----|-----------|---|---|---------------|---|---|-----------|---|---|
| 1. Eyes | Yes | No | 6. Hands | Y | N | 11. Pelvis | Y | N | 16. Knees | Y | N |
| 2. Ears | Y | N | 7. Lungs | Y | N | 12. Upper leg | Y | N | 17. Other | Y | N |
| 3. Head | Y | N | 8. Heart | Y | N | 13. Lower leg | Y | N | | | |
| 4. Neck | Y | N | 9. Back | Y | N | 14. Ankle | Y | N | | | |
| 5. Arms | Y | N | 10. Groin | Y | N | 15. Foot | Y | N | | | |

Explain any yes answers here: _____

Asthma? Y () N () If yes bring two inhalers. Medical Insurance? Y () N ()

Insurance Carrier: _____ Policy #: _____

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

As a condition, and in consideration, of being permitted to enroll your child in the **ANTIOCH POLICE ACTIVITIES LEAGUE** sponsored programs, you are required 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, being injured in a vehicle which is providing transportation, etc.

*I also acknowledge and understand that although **ANTIOCH 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 **ANTIOCH PAL** to participate in the activities provided, I for myself and/or minor children for which 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 **ANTIOCH PAL**, its employees, principles, directors, officers, agents, volunteers, or anyone affiliated with the **ANTIOCH 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 for 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, 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 City of Antioch, any affiliated organization, its representatives, its employees, principles, directors, officers, agents, volunteers, or anyone affiliated with the City of Antioch 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 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 not withstand and continue in full 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 who is in any fashion associated with or having contact with my child outside of 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 WILL BE AND WILL CONSIDER TO HAVE BEEN WAIVING VALUABLE LEGAL RIGHTS. I DO SO VOLUNTARILY. I DO SO WITH FULL UNDERSTANDING THAT THE CITY OF ANTIOCH IS 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, I ACKNOWLEDGE THAT I AM AUTHORIZED TO SIGN THIS AGREEMENT BY ANY OTHER PARENT OR GUARDIAN OF THE CHILD WHO I AM REGISTERING FOR THIS PROGRAM AND THAT THIS AGREEMENT AND ALL WHO ARE PARTICIPATING IN THIS PROGRAM AND ON BEHALF OF ALL OTHER GUARDIANS AND THE CHILD'S OTHER PARENT.

PRINT NAME

SIGNATURE OF PARENT OR GUARDIAN

DATE

CHILD'S NAME