



# 2007-2008 Registration Information

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: M or F Age: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Grade: \_\_\_\_\_ Student ID#: \_\_\_\_\_ School Site: \_\_\_\_\_  
 Ethnic Group: 1-) \_\_\_\_\_ White/Caucasian 2-) \_\_\_\_\_ African American 3-) \_\_\_\_\_ Native American  
 4-) \_\_\_\_\_ Hispanic 5-) \_\_\_\_\_ Asian/Pacific 6-) \_\_\_\_\_ Multi-racial 7-) \_\_\_\_\_ Other

**Is your child eligible for Free or Reduced Lunch?  Yes  No**

(If your total Household Income is less than the amount shown next to the Household Size, then check YES)

1-> \$13,820	3-> \$23,292	5-> \$32,764	7-> \$42,236
2-> \$18,556	4-> \$28,028	6-> \$37,700	

(Each additional person add \$4,736)

<b>Parent/Guardian/Foster Care</b> Name: _____ Social Security #: _____ Address: _____ Home Phone #: _____ Employer: _____ Work #: _____ DOB: _____ Ethnic Group: _____ Marital Status: _____ Current Occupation: _____	<b>Education:</b> <input type="checkbox"/> 8 <sup>th</sup> grade or less <input type="checkbox"/> Did not graduate <input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> Vocational/ trade school <input type="checkbox"/> 2 yr. College Degree <input type="checkbox"/> 4 yr. College Degree <input type="checkbox"/> Graduate Degree	<b>Employment:</b> <input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> temporary <input type="checkbox"/> retired <input type="checkbox"/> homemaker <input type="checkbox"/> unemployed <input type="checkbox"/> other
---	---	---

Household:  parents  mother only  father only  relative  non-relative  other

Person(s) authorized to remove child: (please circle)      Mother: Yes or No      Father: Yes or No

Person to be contacted in case of illness, accident, emergency, and authorized to remove the child from the facility in the absence of a parent/guardian. If none, please indicate – None.

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any special medical needs?  Yes  No  
 (If "Yes" please explain): \_\_\_\_\_

At the end of YLP each day, your child will be a: (please initial one- **Elementary students must be accompanied by a parent or sibling of at least middle school age.**)  
 Car Rider       Walker

- For more information on the Youth Leadership Program, contact the site coordinator .
- o Students may be removed from the program for poor behavior and/or attendance
  - o Parental involvement is encouraged; please contact the program if you wish to volunteer.
  - o Students are responsible for their own belongings.

**General Release of Liability:**

In consideration of being allowed to participate in any way in the P.A.L. after school program and related events and activities the undersigned agrees to the following:

I acknowledge and fully understand that each participant will be engaging in activities that may involve risk or serious injury; including permanent disability and severe social and economic losses, which might result not only from their actions, inactions or negligence, but the action, inaction or negligence of others, the rules of play or the condition of the premises or of any equipment used. Further, that there may be risks not known to us or not reasonably foreseeable at this time.

To the best of my knowledge, my daughter/son is physically fit to engage in the activity in question. I understand that the Police Athletic League and their employees and agents will exercise reasonable care while my daughter/son is in their custody and care engaging in activities through the Police Athletic League Youth Leadership Program. I agree to hold the Police Athletic League and its employees and agents harmless from any and all liability, which may arise while exercising their duty of care, relating to my daughter/son for personal injury or illness that may be suffered or any loss of property that may occur to my daughter/son while participating in the YLP Program.

**Authorization for Emergency Care:**

In case of accident or serious illness, and the school/program is unable to reach me, I hereby authorize the school/program to contact the physician indicated on the application and to follow his/her instructions: If it is impossible to contact this physician, the P.A.L. may make whatever arrangements necessary to provide care and treatment for my child.

In case of accident/serious illness where the immediate treatment of my child is not necessary, but he/she is unable to remain at P.A.L., the program personnel will contact me or arrange transportation for my child. If the P.A.L. is unable to reach me, I authorize them to contact one of the persons indicated on the enrollment form and ask them to pick up and transport my child home.

**Administration of Medication & Medical Release Statement:**

A policy has been established in Duval County to govern the administration of medicine to students in public schools. The Police Athletic League follows this policy. The policy states that before medicine can be administered, a statement from the physician concerning the medicine must be on file at the program. Directions taken from the prescription bottle or box will not suffice. Only a written statement from the physician is acceptable.

I waive any claims or liability that may arise against any P.A.L. personnel relative to the administration of medication of my child.

**Photo/Media Release:**

I acknowledge and understand that publicity activities such as interviews, photos, and videotaping may occur. I consent and permit my child, as a participant in the P.A.L. After School Program and events, to be photographed, videotaped, and/or interviewed for publicity activities.

**School Records Release Statement**

I give my consent for my son's/daughter's/ward's school records to be accessed by the Police Athletic League and the Jacksonville Children's Commission through the Duval County Schools Student Information Management System (SIMS) for the purpose of gathering data for analysis of program effectiveness. The data accumulated will be aggregated without identifying any individual child.

**Field Trip Permission Form**

I give permission for my child \_\_\_\_\_ to participate in any P.A.L. field trips designed to motivate or educate them in a positive manner. I understand that I will receive advance notice of these field trips and the specific details as they relate to that event.

**(By signing below, I acknowledge that I understand and agree to all of the above)**

\_\_\_\_\_

\_\_\_\_\_

Child's Name

Parent or Guardian's Signature

Date

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

Notary: \_\_\_\_\_  
\_\_\_\_\_

My commission expires