

Please check one of the following:
(Por favor, Marque uno de los siguientes):

I understand and can complete
this application provided in English.

No entiendo la solicitud prevista en Ingles
y pedir una solicitud en espanol
(I do not understand the application provided in
English and request assistance in completion)



Enriching lives through
academics and athletics

PAL ID Number: _____

Entered By: _____

Date: _____

2018 Charlotte Mecklenburg Police Activities League (PAL) Membership Registration Form

Required documentation: Birth Certificate, Shot Records, Proof of Income (copy of last 2 paystubs/
unemployment stubs) & Proof of Residence, most recent Report Card

Is your child a returning PAL member? YES NO

Please check appropriate box: Afterschool Athletics Summer Camp

Location: Greenville Bette Rae MLK

Name of Child (Last Name, First Name)		Home Address (Number and Street)		City	State	Zip Code
Gender	Race	Age	Date of Birth	Grade		

1. Name of Mother		Home Address (Number and Street)		City	State	Zip Code
()	()	()		()		
Cell Number	Home Number	Employer	Work Number			
Email: _____						

2. Name of Father		Home Address (Number and Street)		City	State	Zip Code
()	()	()		()		
Cell Number	Home Number	Employer	Work Number			
Email: _____						

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

Name		Relation to Participant		()		
Home Address (Number and Street)		City	State	Zip Code		

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

Name	Relation to Participant	Name	Relation to Participant
()		()	
Phone Number		Phone Number	

PLEASE ANSWER ALL QUESTIONS ON EACH PAGE

Student Medical/History Report

Medical History ***MUST 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: _____

<i>Medical Information</i>	
Hospital Preference	Phone Number
Physician Name	Fax Number
<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/Guardian Signature	Date
<p>I give permission for my child to go on field trips and to ride on the PAL vans. I release the PAL Program and individuals involved with the PAL Program from any/all liability in case of accident during activities related to the PAL Program.</p>	
Parent/Guardian Signature	Date

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 afterschool, summer camp, 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: _____

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: _____

Student Data Sheet

Student Name: _____ CMS Student ID#: _____

Student's School: _____ Grade: _____

Student Resides With: _____

Has the student ever been: *Please check all that apply.*

SUSPENDED EXPELLED IN SCHOOL SUSPENSION

Has the student ever been convicted of a crime? *Please check one.* YES NO

Has the student ever exhibited any aggressive behavior? *Please check one.* YES NO

Family Demographic Information

Total Household Members: _____ **Yearly Family Income** \$ _____

Members over age 18: _____

Members age 17 and under: _____

Assistance Programs: *Please check all apply.*

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

ONLY cash, credit/debit cards, or money orders are accepted as payment. NO CHECKS.

I understand that Membership Fees are NON-REFUNDABLE.

Signature of Parent/Guardian _____ Date: _____

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

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