



Fayetteville Police Activities League

706 Langdon Street, Fayetteville NC 28301

Membership Application

PLEASE USE INK AND PRINT CLEARLY

CHILD'S INFORMATION

Child's First Name: _____ Child's Last Name _____

Address: _____

City: _____ State: _____ Zip: _____ Child Phone: _____

Child's Date of Birth: _____ Age: _____ Sex: Male Female (Circle one)

School: _____ Grade: _____

Child 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: _____

Please tell us what programs you are interested in: _____

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 PAL in applying for grants to fund 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? _____

Are you requesting a fee waiver? ___ If so, please explain: _____

FOR OFFICE USE ONLY: PAYMENT DATE _____ PAYMENT METHOD _____

COLLECTED BY: _____

COVID-19 AWARENESS

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. The state of medical knowledge is evolving, but the virus is believed to spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and even possibly in the air. People reportedly can be infected and show no symptoms and therefore spread the disease. The exact methods of spread and contraction are unknown, and there is no known treatment, cure, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause severe and potentially life-threatening illness and even death.

The Fayetteville Police Department's primary mission is to provide a safe and healthy camp experience for all the participants. I understand and agree to adhere to the following guidelines as it pertains to attending The Fayetteville Police Department's Youth Empowerment Camp during the COVID-19 pandemic:

1. I will immediately notify the Youth Empowerment Camp staff of any known symptoms associated with the COVID-19 virus.
2. I will have my temperature taken before entering any building or mode of transportation associated with the camp.
3. I will wear a face mask at all times.
4. I will actively practice social distancing at a minimum of 6 feet.
5. I will practice proper cleaning and sanitization methods of my hands and work stations.

Signature

Date

Parent/Guardian Signature

Date

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 Fayetteville Police Activities League and sponsored programs, 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 Fayetteville PAL 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 Fayetteville 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 Fayetteville PAL, its employees, principles, directors, officers, agents, volunteers, or anyone affiliated with the Fayetteville 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 Fayetteville PAL, the City of Fayetteville, and any affiliated organization, its representatives, its employees, principles, directors, officers, agents, volunteers, or anyone affiliated with the City of Fayetteville 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 North Carolina 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 FAYETTEVILLE 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 Name

Signature of Parent or Guardian of Minor Child

MEDICAL RELEASE

Medical / Insurance Information

Do you have INSURANCE? _____ YES or No

Insurance Company _____ Policy Number _____

Physician's Name _____ Phone Number _____

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 Fayetteville 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 North Carolina 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 Fayetteville Police Activities League, its representatives and employees the right to take photographs of me and my property in connection with the Fayetteville Police Activities League and my involvement with its functions and activities. I authorize the Fayetteville PAL, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that the Fayetteville 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:

Signature _____

Printed name _____

Address _____

Date _____

Signature, parent or guardian _____
(if under age 18)

