

Fayetteville Police Activities League 706 Langdon Street, Fayetteville NC 28301 Membership Application PLEASE USE INK AND PRINT CLEARLY

CHILD'S INFORMA	ATION				
Child's First Name:_		Child	l's Last Nan	ne	
Address:					
City:	Stat	e:	Zip:	Ch	ild Phone:
Child's Date of Birth	<i>:</i>		Age <u>:</u> _		Sex: Male Female Circle one
School:			Grade <u>:</u>		
Child lives with:	☐ Both parents	□Mother	□Father	□ Other	r:
Father/Guardian's F	irst Name:		La	st Name:	·
Mother/Guardian's I	First Name:		Las	t Name:	
Phone:	(Cell /Messag	e Phone)		_E-Mail:	
Emergency Contact (Other than Paren	ts or Guardia	n)		
First Name:		Last N	lame <u>:</u>		
Relationship	Cell /Mess	age Phone		_E-Mail:	
Please tell us what pr	ograms you are i	nterested in <u>:</u>			
used to compile data r	equired by the U.S ad Federal agencie	5. Department es which requ	t of Housing est this infort	and Urba mation for	n in any way. Information will be in Development (HUD) and other r informational purposes. This
Estimated household in	ncome:				
Do you receive any pu	blic assistance? (S	SI, Food Star	nps, or other	Aid)	YES / NO (Circle one)
What language is your	primary language	at home?			
Are you requesting a f	ee waiver?If s	so, please exp	lain:		
FOR OFFICE USE ONL' COLLECTED BY:	Y: PAYMENT	DATE	PAY	MENT ME	ETHOD

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.

Print Name	
Signature of Parent or Guardian of Minor Child	
MEDICAL REL	EASE
Medical / Insurance Information	
Do you have INSURANCE?YES or No	
Insurance Company	PolicyNumber
Physician's Name	Phone Number
Preferred Hospital or Clinic	
Allergies for drugs or foods	
Important medical information, special medications, or special	
List any restrictions to medical treatment	
List any restrictions to medical treatment	

MEDICAL RELEASE: AUTHORIZATION CONSENTING TO TREATMENT OF MINOR

I/We, the undersigned, parent(s) or legal guardians of do hereby authorize the staff of the Fayetteville Polyrepresentative, as agent(s) for the undersigned, to comedical or surgical diagnosis, treatment and hospital specific supervision of any physician and surgeon line Carolina Medicine Practice Act on the medical staff examination, diagnosis, or treatment is rendered at the It is understood that this authorization is given in action	onsent to any X-Ray examination, anesthetic, all care which is rendered under the general or censed under the provisions of the North of a licensed hospital, whether such the office of said physician or at such hospital.
treatment, or hospital care being required, and is give our above named agent(s) to give specific consent to treatment, or hospital care which the aforementione judgment, may seem advisable.	o any and all such examinations, diagnosis,
Father	Date
or Mother	Date
or Guardian	
PHOTO RE	LEASE
I grant to Fayetteville Police Activities League, its rephotographs of me and my property in connection we my involvement with its functions and activities. I at transferees to copyright, use and publish the same in I agree that the Fayetteville PAL may use such photofor any lawful purpose, including for example such pand Web content.	ith the Fayetteville Police Activities League and athorize the Fayetteville PAL, its assigns and print and/or electronically. Ographs of me with or without my name and
I have read and understand the above:	
Signature	
Printed name	
Address	
Date	
Signature, parent or guardian (if under age 18)	

MEMBERSHIP AGREEMENT

TO PARENTS/GUARDIANS

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

A positive attitude, respect for others and the environment are most important! The completion of this registration form gives the **Fayetteville Police Activities League** permission to provide athletic, recreational and education activities to the youth whose name appears below.

TO THE PARTICIPANT (CHILD):

You are responsible for appropriate behavior during the time you are participating in the **Fayetteville Police Activities League**. In order to become a member of the **Fayetteville Police Activities League** you must agree to the following:

- 1. I will maintain a positive attitude at all times.
- 2. I will dress appropriately during all activities. (Shirts and shoes are required at all times.)
- 3. I will respect myself and others at all times. I will not say racist or prejudicial remarks.
- 4. I will not use or have possession of any drugs, alcohol beverage, cigarettes, or weapons of any kind.
- 5. I will not use profanity, will not act physically or verbally abusive or become violent with others.
- 6. I will RESPECT all equipment, supplies, and materials.
- 7. I will not play nor sing music which has offensive lyrics.
- 8. I will not leave the scheduled activity until I notify all staff members present and after receiving permission from a staff member in charge.
- 9. I will be on time for all scheduled meetings, activities, and trips.
- 10. I will report any problems to the staff.
- 11. I will not sexually harass anyone of any kind and will report any incidents of harassment of any kind.
- 12. I will follow ALL safety instructions at all times.
- 13. I will stay in school, participate in class, and strive to maintain at least a "C" average at all times.

Any violation of the aforementioned rules will result in corrective action being taken. We are looking forward to a providing all Fayetteville Police Activities League members with a positive experience. It is the responsibility of the Fayetteville 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:

- > Oral reprimand
- Written reprimand
- > Dismissal from our program

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

<u>I,</u>	agree to be a responsible member of the
Fayetteville Police Activities League. I will	behave in a manner that promotes respect for others and their
property. I have read and understand the rule	es for being a member. I further understand that my membership
privileges may be revoked at any time as a r	esult of violating the aforementioned rules.
	Date
Signature of Participant (Child)	
	Date
Signature of Parent	