



Member Information Form

301 E. 4th Street
Bakersfield, CA 93307
Phone: (661) 283-8880
Fax: (661) 283-8878

Confidentiality: Any confidential information requested is for our records and for the funding our Organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary.

Child Information *(Please Print)*

First Name:

Middle Name:

Last Name:

Nick Name:

Birth Date:

 / /

Authorized to walk home:

 Yes / No

Gender:

 Male
 Female

Ethnicity:

 American Indian or Alaskan Native Asian/Pacific Islander
 Hispanic/Latino African American/Black White

Free Reduced Lunch:

 Yes
 No

School:

Grade:

Family Information *(Please Print)*

Parent/Guardian

First Name:

Last Name:

Relationship:

Family Yearly Income:

 \$5,000-\$9,300
 \$9,301-\$10,900
 \$10,900-\$12,100
 \$12,100-\$13,050
 \$13,050-\$14,000
 \$14,000-\$15,000
 \$15,000-\$15,900
 \$15,900-\$20,000
 \$20,150-\$23,350
 \$23,500-\$26,600
 \$26,000 +

Address:

 Home Work (City) (State) (Zip Code)

Phone Number:

 () - () -

Phone Type:

 Home
 Work Cell

Email:

Special Information (Please Print):

(Required) Does the participant require special needs/disability accommodations for this program? YES NO

(Required) Does the participant require scheduled medication? YES NO

(Required) Does the participant have allergies? YES NO

Member Medical Information (Please Print):

Medications:

Medical Problems/Allergies:

Sibling (Please Print)

First Name:

Last Name:

Birth Date:

Authorized to walk home:

Gender:

 Male
 Female

Ethnicity:

 American Indian or Alaskan Native Asian/Pacific Islander
 Hispanic/Latino African American/Black White

Free Reduced Lunch:

 Yes No

School:

Grade:

Sibling (Please Print)

First Name:

Last Name:

Birth Date:

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 Female

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School:

Grade:

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Free Reduced Lunch:

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School:

Grade:

Emergency Contacts (Please Print)

Two people who are emergency contacts-

1.

 () - Parent
 Guardian

2.

 () - Parent
 Guardian

I have read the completed application, understand the rules of the BPAL and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter and agree that BPAL will not be responsible for any accident to the boy/girl while on the BPAL premises or while engaged in any of its activities away from the BPAL.

I understand attendance at BPAL activities is strictly voluntary, and after youth have been given admittance, we use our best efforts to provide a safe atmosphere, but we are not responsible for BPAL members who choose to then leave the facility, or after a given days' programming has ended.

I understand that during the BPAL program and/or activity, my photograph and/or the photograph of my child may be taken by the BPAL, producers, sponsors, organizer, and/or assigns. I agree that my photograph and/or the photograph of my child, including video photography, film photography, or other reproduction of my likeness or the likeness of my child, may be used without charge to the BPAL, producers, sponsors, organizer, and/or it's assigns for such purposed as they deem appropriate.

I give my consent that if I cannot provide transportation to and from games, practices, or related BPAL activities; I authorize the manager and/or coaches, team parents and all agents of BPAL, to provide transportation of the above mentioned minor to games, practices, or related BPAL activities. I also waive and release any and all rights and claims for damages against the managers, coaches, team parents and Bakersfield Police Activities League, Bakersfield Police Department, City of Bakersfield, its' Mayor, Council, officers, agents and employees for any and all injuries suffered by the above mentioned minor in any automotive accident involving the transportation to and from games, practices or related activities.

This is a legal and binding document which authorizes hospital and/or medical treatment in the event of an injury to your child due to an accident and parent(s) or guardian(s) are unable to be located for their permission. This original form will be retained by the managers, coaches, or team parents and will be presented as a legal document if needed for your child's treatment. I, the undersigned parent/guardian of _____ a minor, do hereby consent to any x-ray examination, medical treatment or hospital/medical treatment at my expense which is deemed advisable and is to be rendered under the general or special supervision of any physician/practitioner of any licensed hospital. This authorization shall remain in effect until the minor reaches the age of eighteen years old or is no longer active with the BPAL.

Parent or Guardian Signature

Date

Bakersfield PAL Rules of Conduct

- 1.** No weapons (guns, knives, sharp objects, etc.) allowed at any time.
- 2.** No drugs, alcohol, and/or tobacco allowed at any time. (Any medication needed by a BPAL member must be cleared by office staff).
- 3.** Absolutely **NO FIGHTING** allowed.
- 4.** Destruction or vandalism of BPAL and/or BPAL members' property will not be tolerated.
- 5.** Theft of any kind from BPAL staff, members, or facility will not be tolerated.

Any violation of rules 1-5 will result in an automatic suspension; and may result in an expulsion and/or law enforcement arrest.

- 6.** All BPAL members shall respect the BPAL staff, Police Officers, facility, and guests at all times.
- 7.** No gang affiliated clothing, hand signs, speech, music, etc. allowed.
- 8.** Profanity will not be tolerated.
- 9.** The use of racial slurs or derogatory speech regarding race, religion, gender, etc. will not be tolerated.
- 10.** No "sagging" or revealing clothing permitted; all clothing is to be worn as originally intended. Shirts, pants, and shoes/sandals are to be worn at all times.
- 11.** No food or drinks allowed in the gymnasium, tutorial room or game room.
- 12.** No hanging on the basketball rims
- 13.** All BPAL equipment is to be used as intended.
- 14.** No BPAL members allowed in any room unattended.

Any violation of rules 6-14 may result in suspension or expulsion.

The establishment and enforcement of the Rules of Conduct is necessary to ensure that the Bakersfield Police Activities League Center is able to provide a safe environment for the youth of our community. We strive to promote a facility that emphasizes

the importance of educational learning, healthy physical activities, and positive interactions between local youth, law enforcement, and the community. The BPAL Center is a private organization that reserves the right to refuse access to the facility and its programs to anyone who fails to comply with the Rules of Conduct. Attendance at BPAL activities is strictly voluntary, and after youth have been given admittance, we use our best efforts to provide a safe atmosphere, but we are not responsible for BPAL members who choose to then leave the facility, or after a given days' programming has ended.

By signing this form, I hereby certify that I have read and understood the above conditions that a BPAL member & Parent/Guardian must follow. I do certify I am knowledgably aware of the consequences if any of the above rules are violated.

_____	_____	_____	_____
Member Signature	Date	Member Signature	Date
_____	_____	_____	_____
Member Signature	Date	Member Signature	Date
_____	_____	_____	_____
Member Signature	Date	Member Signature	Date
_____	_____		
Parent/Guardian Signature	Date		



Bakersfield Police Activities League

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Bakersfield, CA 93307
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www.bakersfieldpal.org

The Bakersfield Police Activities League (BPAL) will be opened Monday – Thursday 2:00pm – 5:00pm for the After School Program. **The children will NOT be allowed to leave before 5:00pm unless they are picked up by a parent/guardian.** All parents/guardians must sign their child out on a daily basis unless authorized on their membership form to walk home at the end of the program.

The children must sign in daily through the front office. The parent/guardian must check out their child/children out on a daily basis.

By signing this form, I hereby certify that I have read and understood the above conditions that a BPAL Member & Parent/Guardian must follow.

Parent/Guardian Print Name

Parent/Guardian Signature