

Marietta Police Athletic League (PAL) SUMMER Program – Child Application and Consent Packet

Today's Date: _____

How did you hear about PAL? _____

CHILD INFORMATION

Child's Name: _____ Gender: _____ Date of Birth: ____/____/____

Child's School: _____ Current Grade: _____ Age: _____ Name of Teacher: _____

Ethnic Background: Black White Hispanic Asian Native American Multi-Racial Other _____

Child's Living Situation: Two Parents One Parent (female) One Parent (male) Grandparent(s) Other: _____

TO ENSURE EACH CHILD'S SAFETY, PLEASE ANSWER THESE IMPORTANT HEALTH QUESTIONS:

Mental Health Diagnosis: _____ Currently on Medication? Yes No

Allergies and/or medical information: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____ **Relationship to Child:** _____

Home Address: _____ City: _____ State: _____

Email: _____ Cell phone: _____

Home phone: _____ Work phone: _____ Emergency phone: _____

Parent Marital Status: Married Single Separated Widowed Divorced

Place of Employment: _____ Length of employment? ____ Years ____ Months

Parent/Guardian Name: _____ **Relationship to Child:** _____

Email: _____

Home Address (if different from above): _____ City: _____ State: _____

Cell phone: _____ Work phone: _____ Emergency phone: _____

Place of Employment: _____ Length of employment? ____ Years ____ Months

EMERGENCY CONTACT AND RELEASE INFORMATION (persons with whom child may leave PAL)

Name: _____ Phone: _____ Relation to child: _____

Name: _____ Phone: _____ Relation to child: _____

Name: _____ Phone: _____ Relation to child: _____

Name: _____ Phone: _____ Relation to child: _____

Name: _____ Phone: _____ Relation to child: _____

Name: _____ Phone: _____ Relation to child: _____

Marietta PAL Commitment Pledge

As a member of Marietta PAL, your child will have the opportunity to participate in many great experiences. At the same time, he/she has the privilege and responsibility of serving as a role model in the community. This is a very important commitment that must be taken seriously.

Please read the following requirements carefully together as a family and initial next to them to show your understanding of and commitment to each.

To allow my child to attend FREE PAL Programming

_____ I acknowledge that I must attend at least one parent workshop or community building event AND one volunteer activity each program session in order for my child to be eligible to attend programming for the subsequent program session. I understand, as well, that it is my responsibility to obtain information about the dates and times for these required activities.

_____ I acknowledge that my child must attend PAL programs regularly as scheduled for the entire program time and understand that he/she may miss no more than two scheduled days each session. I pledge for my child to remain in the PAL program for at least one school year or until the end of the program cycle. I understand that PAL seeks to develop a family environment and support system for all members and that exiting the program disrupts this objective.

_____ I pledge to offer support to the PAL program, whether that be volunteering with the program, joining our planning committee, chaperoning or carpooling to events, providing snacks or supplies, or other support.

Parent/Guardian Signature

Date

Child's Commitment Pledge:

_____ I pledge to always do my best and show respect to others.

_____ I pledge my commitment to Learning, Leading, and Serving. I understand that as a member of PAL I am making a commitment to my community, and I will work to be the best person I can be.

_____ I pledge to make PAL a priority. I know that I can miss a maximum of two days each program session.

Child's Signature

Marietta PAL Consent Form

Statement of Understanding and Program Policies Overview

I give permission for my child to participate daily in the PAL Program as scheduled, as well as special events and fieldtrips, including transportation. I understand my child will participate in academic, leadership and life skills, character development, sports, recreational, and enrichment activities. I also understand and give permission for my child to attend several fieldtrips as a part of this program.

I acknowledge that PAL and its staff, board, partners, volunteers, and any individual acting as agents for PAL do not hold liability and will not be held responsible for medical, hospital, or other costs resulting from injuries that might occur by participating in program activities or in transportation to and from the place where activities are conducted. I also grant permission to the Marietta Police Athletic League to approve medical emergency transport and treatment of my child should it be deemed necessary.

I acknowledge that PAL does not discriminate on the basis of race, color, religion, national origin, age, disability, or gender in its employment practices or student programs.

I give permission for PAL to use photos and images of my child and my child's likeness for news and publicity purposes, and I waive all claims to compensation for such use. I further acknowledge that the photographs in question will be only those in which my child is participating in a PAL activity and the photograph is one that is taken by a PAL staff member or an individual or agent acting as an agent of PAL.

I agree to make sure my child attends regular programming and special events, and acknowledge that he/she may miss no more than two days each program session. I agree to call PAL staff to inform them if my child will not be in attendance. I understand that failure to comply with these attendance requirements could result in disenrollment.

I agree to pick up my child at the time specified by PAL. I understand that I may be required to pay a late fee if I do not pick my child up on time.

I acknowledge that PAL staff will report suspected child abuse and neglect.

I acknowledge that my child will not be allowed to leave the facility without being escorted by the parent(s) or person authorized by the parent(s), or facility personnel.

I acknowledge that my child must be a resident of Marietta/Cobb County to attend PAL Programming, and I have attached proof of residency to this application.

I acknowledge that it is my responsibility to keep my child's records current to reflect any significant changes as they occur (i.e. telephone numbers, emergency contacts, child's health status, and dietary restrictions).

I acknowledge my right to a fair hearing in cases of denial of services, ineligible determination, or termination of services. I acknowledge that the hearing will be held with the Board of Directors of the program and the decision reached by the Board will be final.

I have read, understand, and agree to abide by the Statement of Understanding and the Program Policies of PAL and to cooperate with PAL staff and PAL Partners accordingly.

Parent/Guardian Signature

Name of Child

Date

Marietta PAL Signature

Marietta Police Athletic League Consent Form

Video Photo Release ¹

I understand that during the Marietta (PAL) program and/or activity, my photograph and/or the photograph of my child may be taken by the Marietta PAL, 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 by the Marietta PAL, **producers, sponsors, organizers and/or it's assigns for such purposed as they deem appropriate.**

Authorization to Treat a Minor

I, the parent or legal guardian, of the child listed above, do hereby authorize and consent to any x-ray examination, anesthetic, medical, or surgical treatment rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital or emergency care facility holding a current license to operate a hospital or emergency care facility from the State of Georgia Department of Public Health. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician, in the exercise of his/her best judgment, may deems advisable for my child. Further, I understand my child will be participating in inherently dangerous activities and **agree to pay for my child's medical expenses. I understand that all effort shall** be made to contact me prior to rendering treatment to my child, but any of the above treatment will not be withheld if I cannot be reached. This authorization is given pursuant to the provisions of the Georgia Civil Code. This consent shall remain in effect until 31 December of the subject year.

Release from Liability

In consideration of the acceptance of the application of my child, as a participant in any programs and/or activities of Marietta PAL and its member chapters, I and my child hereby agree to assume all risks attendant upon myself and my child while participating in any after school, summer camp, sport, tutoring or mentoring programs and/or activities. I understand that this is not a licensed program; however Marietta PAL does carried liability insurance. I and my child hereby waive, release, and discharge any and all claims for damages for, death, personal injury, or property damage which I or my child may have, or which may hereafter accrue to me or my child, as a result of my **child's participation in the** sport, tutoring or mentoring program or activity. I agree to indemnify and hold harmless from liability the Marietta PAL, its member chapters and/or any of their agents, servants, or employees by reason of any accident, death, injury, or damages, to persons or property which I or my child may suffer while participating in the Marietta PAL program and/or activity. Thus release is intended to discharge in advance the Marietta PAL, its member chapters and/or any of their agents, servants, or employees by reason of any accident, death, injury or damages to persons or property which I or my child may suffer, from and against any and all liability arising out of or connected **in any way with my or my child's participation in the** Marietta PAL program and/or activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns, and the heirs and assigns of my child. I agree to assume all responsibility for any property damage or injury to any person caused by me or my child while participating in the Marietta PAL program and/or activity.

I have read, understand and approve the *Authorization to Treat a Minor* (with any restrictions I may have listed above), Release from Liability and the Video-Photo Release.

Parental/Guardian Signature:

Date:

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Child's Name: _____ Parent/Guardian Name: _____

My child needs assistance in the following areas:

- School Performance Classroom Behavior Low Self-Esteem Health & Fitness Other

Comments: _____

In what specific ways do you think PAL can help your child? _____

Please list any special skills, talents, or interests your child may have. _____

Other comments: _____

How would you rate your child's **academic performance in school**?

- Very Poor Poor Fair Good Very Good Excellent

How would you rate your child's **behavior**?

- Very Poor Poor Fair Good Very Good Excellent

How would you rate your child's **leadership**?

- Very Poor Poor Fair Good Very Good Excellent

How would you rate your child's **self-esteem and confidence**?

- Very Poor Poor Fair Good Very Good Excellent

How would you rate your child's **physical health**?

- Very Poor Poor Fair Good Very Good Excellent

How would you rate your child's **nutritional health**?

- Very Poor Poor Fair Good Very Good Excellent