

VINELAND POLICE ATHLETIC LEAGUE

20 S. 6TH St. Vineland, NJ 08360
(856)563-5387 / (856)691-4111 X 4396 Office



BASKETBALL APPLICATION

First Name: _____ Last: _____ DOB: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone #: _____ Cell #: _____ Alternate: _____
Attending School: _____ Grade: _____ Age: _____ Race: _____ Gender: M or F

PARENT/GUARDIAN INFORMATION:

First Name: _____ Last: _____ DOB: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone #: _____ Cell #: _____ Alternate #: _____
E-Mail Add: _____

I, _____ the parent/guardian of the above youth hereby give my approval for my child to participate in the Vineland PAL Basketball Program. I assume all risks and hazards incidental to such participation, including transportation to and from the activity and I do hereby waive, release, absolve, indemnify and agree to hold harmless the City of Vineland, Vineland Police Department, Vineland Police Athletic League, PAL Board of Directors, sponsors, participants and person transporting my child to or from activities and for any and all claims arising out of any injury to my child whether the result of negligence or for any other cause. I also give permission for the Vineland Police Athletic League to use pictures of my child for promoting the organization and its activities.

Parents Signature: _____ Date: _____

*Director's Signature: _____ Date: _____

**Director's signature indicates review of all information herein on the above date.*

PAYMENT INFORMATION

Applicants annual membership fee of \$20.00
Acceptable payments are **Checks & Money Orders ONLY!**

-----Official Use below this line-----
Receipt #: _____ Date of Payment: _____ Amount Paid: Check or Money Order

HEALTH HISTORY

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| 1. Have you ever had an illness or injury that: | | |
| A) Required you to stay in the hospital | ___ | ___ |
| B) Lasted longer than a week | ___ | ___ |
| C) Caused you to miss 3 days of practice or competition | ___ | ___ |
| D) Is related to allergies | ___ | ___ |
| E) Required an operation | ___ | ___ |
| F) Required X-Rays | ___ | ___ |
| 2. Do you take any medication or pills? | ___ | ___ |
| 3. Have any of your family under the age of 50 had a heart attack, heart problems or died unexpectedly? | ___ | ___ |
| 4. Have you ever been dizzy or passed out during or after exercise? | ___ | ___ |
| 5. Have you ever been unconscious or had a concussion? | ___ | ___ |
| 6. Are you able to run 1/2 mile (2 x around track)?* | ___ | ___ |
| 7. Do you wear glasses, contacts, dental bridges, plates or braces? | ___ | ___ |
| 8. Have you ever had a heart murmur, high blood pressure or heart abnormality? | ___ | ___ |
| 9. Do you have any allergies to any medications | ___ | ___ |
| 10. Are you missing a kidney? | ___ | ___ |
| 11. Date of most recent Tetanus Booster? _____ | | |

If you answered yes to any of the above questions, please explain *(no explanation required):

MEDICAL RELEASE

As the parent/legal guardian of _____ I hereby authorize and give my consent for any emergency medical, surgical or dental treatment for my son/daughter listed above should be deemed advisable by a qualified medical physician or dentist. The Vineland PAL Director or PAL Staff are authorized to act on my behalf should medical/dental emergency arise while participating in the Vineland PAL Boxing Program. I understand that this is to avoid undue delay and assure prompt attention/treatment and that only a licensed qualified medical physician or dentist will be engaged for such an emergency.

PARENT'S SIGNATURE: _____

DATE: _____

CONDUCT

A rigid code of conduct must be adhered just like in school in order to maintain a proper atmosphere and discipline. The Vineland PAL is a privilege, not a right!!! The Vineland PAL maintains the right to exclude anyone not conforming to the rules and regulations of the program. Further, Vineland PAL reserves the right to search persons and property, if necessary, to maintain the integrity of the program in relation to controlled substances, alcohol, etc. Vineland PAL is not bound by the search and seizure rules that the Police are!

1. **NO** controlled dangerous substance or alcohol use will be tolerated under any circumstances!
2. **NO** vulgar, profane, abusive or insulting language and/or behavior will be tolerated!
3. **NO** revealing clothing will be tolerated! Proper attire is mandatory! Shirts must be worn at all times, etc. and dress deemed inappropriate by staff will be excluded.
4. Any criminal offense occurring in or out the building, on the premises or in any capacity affiliated with the Vineland PAL will result in prosecution if necessary.

First Offense – Suspension from the program for a period of time to be determined at the time of infraction.

Second Offense – Expulsion from the program. No Re-Enrollment

NOTICE OF THE RISK AND DANGERS OF ATHLETIC PARTICIPATION

The damages and risk of athletic participation are many. They include, but are not limited to, serious neck and spinal injury which may result in death. They also include possible injury to all aspects of the muscular-skeletal system which may impair future abilities to earn a living or to participate in social or recreational activities. Sports such as football, soccer, basketball and boxing, which are contact collision sports, present the most potential for serious injury. However, serious injuries and even death have occurred in non-contact sports such as tennis and cross-country. No matter what sport you decide to participate in, there are always the possibilities of serious injury.

Because of the inherent risks and dangers involved with participation in athletics, it is imperative that you recognize the importance of following proper procedures that will help to ensure your child's safety. Those procedures will constantly be emphasized by our coaching staff. Instructions and warnings will be continually provided regarding playing techniques, proper use of equipment, training methods, team rules and safety in general. For your own protection, please learn to understand and follow all the rules and regulations pertaining to your safety.

PARENT'S SIGNATURE: _____ DATE: _____

HOUSEHOLD INCOME

Please answer the following questions to the best of your ability. The information collected is used solely for reporting percentage of individuals participating monthly and their income categories as required by one of our funding resources. **No member's personal information is released in these reports.**

Por favor conteste las siguientes preguntas a lo mejor de su entendimiento. La informacion recolectada se usa exclusivamente para reportar el porcentaje de individuos participando mensualmente y sus respectivas categorias de ingreso, Es un requisito que nos exige una de nuestras fuentes de fondos. **Ninguna informacion personal es divulgada en estos informes.**

***Household size (Numero de familia en su casa):** _____

Please make a check mark to all that applies

(Indique con una marca de cotejo todo que aplique):

I or someone in my household is

(Yo, o alguien en mi unidad familiar):

Working (Trabaja)

Receiving Unemployment (Recibe pagos de desempleo)

Receiving Public Assistance (Welfare, Food Stamps etc.)
(Recibimos Asistencia Publica)

Getting Disability (SSD,SSI etc.) (Recibimos pagos por incapacidad)

On Section 8 (En Seccion 8)

Currently Unemployed (Desempleado)

Homeless (Falto de Albergue)

***Our Average Yearly Income is: \$** _____

(Nuestro ingreso anual promedio es)

***Mandatory information (Informacion Mandataria)**

BELOW FOR OFFICE USE ONLY:

Max Income for a family of _____ is \$ _____.

This family meets low income eligibility _____.

This family is over the low income threshold for a family of _____.
