

WARNING: PAL TEEN SUMMER DAY CAMP



HELA HIGH SCHOOL • 8TH-12TH GRADE

AUG. 2ND-6TH • 9AM - 12:30PM • \$250/WEEK

SCHOLARSHIPS AVAILABLE • LUNCH INCLUDED

*VISIT PALOFSWWA.ORG/SUMMER-CAMP-WITH-PAL
TO LEARN MORE & REGISTER*

ALL CAMPS ARE UNAFFILIATED WITH LOCAL SCHOOL DISTRICTS & NOT THEIR ACTIVITY

POLICE ACTIVITIES LEAGUE OF SW WASHINGTON REGISTRATION FORM

Registration must be completed and processed before student can participate in PAL programs

PERSONAL INFORMATION		<input type="checkbox"/> NEW REGISTRATION	<input type="checkbox"/> RENEWAL
Name:		Gender:	Age:
Birthdate: ___/___/___	School:		Grade:
Ethnicity (circle all the apply) Asian African American American Indian Caucasian Hispanic Pacific Islander Other: _____			
Do you qualify for the free and reduced lunch program? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is the child's principle residence a single parent household? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Can photos and videos of your child be used in PAL publicity, including our website? <input type="checkbox"/> YES <input type="checkbox"/> NO			
CONTACT INFORMATION			
Home Address:			
City:		State:	Zip:
Home Phone:		Email:	
Parent/Guardian Name:		Work Phone:	Cell Phone:
Parent/Guardian Name:		Work Phone:	Cell Phone:
Please list two additional people who we may contact in case of an emergency & authorized to pick up (different from parent/guardian)			
Emergency Contact:		Phone:	
Emergency Contact:		Phone:	
MEDICAL RELEASE AND CONSENT FOR EMERGENCY TREATMENT			
I, _____, the parent/legal guardian of _____ hereby freely and voluntarily authorize SW Washington PAL staff or volunteers to administer first aid and, in the case of an extreme emergency, to request and obtain emergency medical care at my expense from such medical provider as is immediately available in any situation that PAL employees or agents determine such care is required.			
Medical Issues? <input type="checkbox"/> YES <input type="checkbox"/> NO		If YES, please explain:	
Health Insurance Coverage? <input type="checkbox"/> YES <input type="checkbox"/> NO		Insured Parent/Guardian:	
Medical Insurance Company:		Insurance Policy/Group #:	
PERMISSION TO PARTICIPATE			
I hereby state that I am voluntarily allowing my child to participate in this program and that I recognize that there are certain risks and dangers inherent in the participation in this type of activity. I understand SW Washington PAL cannot and does not guarantee or ensure the safety of my child. I am willing to assume any risk of personal injury or property damage to my child in order to allow him/her to participate in this program. In consideration of SW Washington PAL allowing my child to participate in this program, I hereby agree to release, hold harmless, and defend the City of Vancouver, PAL of SWWA, and their officials, administrators, employees, coaches, volunteers, and agents, from any and all claims for damages or injury to my child arising out of his/her participation of this program. I also understand that if my child acts inappropriately that I the parent/guardian will be contacted and responsible for picking up my child from this event/program. I further understand that my child's privileges can be revoked due to inappropriate behavior.			
I HAVE READ THE FOREGOING AND I AGREE TO ALL THE TERMS AND CONDITIONS OF THIS AGREEMENT AND I HAVE READ THIS RELEASE AGREEMENT CAREFULLY BEFORE SIGNING IT.			
_____ Parent/Guardian Signature			_____ Date
OFFICE USE ONLY	ENROLLMENT TYPE	<input type="checkbox"/> PROSPERE <input type="checkbox"/> SPORTS <input type="checkbox"/> SUMMER <input type="checkbox"/> EXPLORER <input type="checkbox"/> PAL PATROL <input type="checkbox"/> SMALL GROUP	