

## TEHAMA COUNTY POLICE ACTIVITIES LEAGUE (P.A.L.) 22840 Antelope Boulevard / P.O. Box 9187 RED BLUFF, CA 96080

(530) 529-7950 • (530) 529-7933 FAX

tehamacountypal@calpal.org

**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 information is both appreciated and necessary.

PARENT/GUARDIAN (Please Print)				
First Name:	Last Name:	Gender:		
Titser value.	Last Ivalies	Male Female		
Address:		ss Type:		
(Line 1)		ome ork		
(Line 2)				
(City)	(State) (Zip)			
Phone Number:	Phone Type: Home Work	Cell Message		
( ) -	Home Work	Cell Message		
Family Size: E-Mail A	Address:	E-Mail Type:  Home Work		
Employer:		Occupation/Job Title:		
Employer.		Occupation/300 Title.		
PARENT/GUARDIAN (P	lease Print)			
First Name:	Last Name:	Gender:		
First Name:	Last Name:	Gender:  Male Female		
First Name: Address:	Last Name:	Male Female  Address Type:		
	Last Name:	Male Female		
Address:	Last Name:	Male ☐ Female  Address Type: ☐ Home		
Address: (Line 1) (Line 2)	(State) Last Name:	Male ☐ Female  Address Type: ☐ Home		
Address: (Line 1) (Line 2)	(State) (Zip)  Phone Type:	Male Female  Address Type: Home Work		
Address:  (Line 1)  (Line 2)  (City)  Phone Number:	(State) (Zip)  Phone Type:  Home Work	Male Female  Address Type: Home Work  Cell Message		
Address:  (Line 1)  (Line 2)  (City)  Phone Number:  ( ) -	(State) (Zip)  Phone Type:  Home Work	Male Female  Address Type: Home Work  Cell Message  Cell Message		
Address:  (Line 1)  (Line 2)  (City)  Phone Number:  ( ) -	(State) (Zip)  Phone Type:  Home Work	Male Female  Address Type: Home Work  Cell Message		

(PLEASE COMPLETE BOTH SIDES)

Date of Birth:	PARTICIPANT INFORM	ATION (Please Print)	
Gender:   Ethnicity:	First Name:	Middle Name:	Last Name:
Gender:   Ethnicity:			
Gender:   Ethnicity:   African American   Asian   Bi-racial   Cauca   Hispanic   Native American   Other   Home Address:   (Ciny   Gistate)   (Zip)   Home Telephone Number:   Cell/Message/Other   Cell/Message/Other Cell/Message/Other Cell/Message/Other   Cell/Message/Other Cell/Message/Other Cell/Messa	Nick Name:	Date of Birth:	
Male   Female   African American   Asian   Bi-racial   Cauca   Hispanic   Native American   Other		/ /	
Home Telephone Number:  Cell/Message/Other  ( )		African American As Hispanic Na	
Home Telephone Number:  (			
MEDICAL INFORMATION (Please print)  Insurance Company  Medications:  Physician:  Physician's Telephone:  Disabilities:  Hospital  Hospital Telephone:  The above named child has my Permission to participate in activities conducted by the Tehama County Police Activities League and 1 uncepremission will remain in effect until 1 withdraw it. The undersigned does hereby release and discharge the Tehama County Police Activities Leagues, engloyees and officers thereof, of and from all actions, causes of action, damages, claims and demands, in aw or in equity, of every kind an including claims resulting in any injury by way of damages, either civil or criminal, we or either of us have or our successors, assigns, heirs, eadministrators may hereinafter have against them, or any of them, which might arise in connection with the above named acting in the capacity of of a program or otherwise using equipment or facilities provided by the Tehama County Police Activities League or injury which may hereafter by reason of such participant or equipment and all claims arising out of same, whether known or unknown, suspected or unsuspected.  As the parent or legal guardian of the above-named participant, I hereby give my consent for emergency care prescribed by a duly licensed doctor of this care may be given -under whatever conditions is necessary to preserve the life, limb, or well being of my dependent. I give my consent for phowhich my son'daughter may appear, to be used in any way the Tehama County Police Activities League may care to use them.  IN WITNESS WHEREOF, the undersigned have hereunto set their hand this day of	(Line 1)	(City)	(State) (Zip)
Insurance Policy Number:  Physician:  Physician's Telephone:  Disabilities:  The above named child has my Permission to participate in activities conducted by the Tehama County Police Activities League and I undepermission will remain in effect until I withdraw it. The undersigned does hereby release and discharge the Tehama County Police Activities Leagues, administrators may hereinafter have against them, or any of them, which might arise in connection with the above mamed acting in the capacity of a for program or otherwise using equipment or facilities provided by the Tehama County Police Activities League or injury which may hereafter by reason of such participant or equipment and all claims arising out of same, whether known or unknown, suspected or unsuspected.  As the parent or legal guardian of the above-named participant, I hereby give my consent for emergency care prescribed by a duly licensed doctor of this care may be given -under whatever conditions is necessary to preserve the life, limb, or well being of my dependent. I give my consent for phowhich my son/daughter may appear, to be used in any way the Tehama County Police Activities League may care to use them.  IN WITNESS WHEREOF, the undersigned have hereunto set their hand this day of	Home Telephone Number:	Cell/Message/Other	
Insurance Policy Number:  Physician:  Physician's Telephone:  Disabilities:  Hospital  Hospital Telephone:  The above named child has my Permission to participate in activities conducted by the Tehama County Police Activities League and I uncertainty and the permission will remain in effect until I withdraw it. The undersigned does hereby release and discharge the Tehama County Police Activities League and I uncertainty of and from all actions, causes of action, damages, claims and demands, in law or in equity, of every kind an including claims resulting in any injury by way of damages, either civil or criminal, we or either of us have or our successors, assigns, heirs, eadministrators may hereinafter have against them, or any of them, which might arise in connection with the above named acting in the capacity of a program or otherwise using equipment or facilities provided by the Tehama County Police Activities League or injury which may hereafter by reason of such participant or equipment and all claims arising out of same, whether known or unknown, suspected or unsuspected.  As the parent or legal guardian of the above-named participant, I hereby give my consent for emergency care prescribed by a duly licensed doctor or This care may be given -under whatever conditions is necessary to preserve the life, limb, or well being of my dependent. I give my consent for phowhich my son/daughter may appear, to be used in any way the Tehama County Police Activities League may care to use them.  IN WITNESS WHEREOF, the undersigned have hereunto set their hand this day of	( ) -	( )	
Insurance Policy Number:  Physician:  Physician's Telephone:  Disabilities:  Hospital  Hospital Telephone:  Disabilities:  Hospital Telephone:  Disabilities:  Hospital Telephone:  Disabilities:  Disabilities:  Hospital Telephone:  Disabilities:  Disabilities: Disabilities:  Disabilities: Disabi	MEDICAL INFORMATION (	Please print)	
Hospital Hospital Hospital Telephone:  The above named child has my Permission to participate in activities conducted by the Tehama County Police Activities League and I undersigned mill remain in effect until I withdraw it. The undersigned does hereby release and discharge the Tehama County Police Activities League, employees and officers thereof, of and from all actions, causes of action, damages, claims and demands, in law or in equity, of every kind an including claims resulting in any injury by way of damages, either civil or criminal, we or either of us have or our successors, assigns, heirs, eadministrators may hereinafter have against them, or any of them, which might arise in connection with the above named acting in the capacity of a of a program or otherwise using equipment or facilities provided by the Tehama County Police Activities League or injury which may hereafter by reason of such participant or equipment and all claims arising out of same, whether known or unknown, suspected or unsuspected.  As the parent or legal guardian of the above-named participant, I hereby give my consent for emergency care prescribed by a duly licensed doctor of this care may be given -under whatever conditions is necessary to preserve the life, limb, or well being of my dependent. I give my consent for phowhich my son/daughter may appear, to be used in any way the Tehama County Police Activities League may care to use them.  IN WITNESS WHEREOF, the undersigned have hereunto set their hand this day of	Insurance Company	Medications:	Medical Problems/Allergies
Physician:    Physician's Telephone:   Disabilities:			
Hospital Hospital Hospital Telephone:  The above named child has my Permission to participate in activities conducted by the Tehama County Police Activities League and I undersigned mill remain in effect until I withdraw it. The undersigned does hereby release and discharge the Tehama County Police Activities League and including claims resulting in any injury by way of damages, either civil or criminal, we or either of us have or our successors, assigns, heirs, eadministrators may hereinafter have against them, or any of them, which might arise in connection with the above named acting in the capacity of a program or otherwise using equipment or facilities provided by the Tehama County Police Activities League or injury which may hereafter by reason of such participant or equipment and all claims arising out of same, whether known or unknown, suspected or unsuspected.  As the parent or legal guardian of the above-named participant, I hereby give my consent for emergency care prescribed by a duly licensed doctor of the participant or the properties of the parent or legal given under whatever conditions is necessary to preserve the life, limb, or well being of my dependent. I give my consent for phowhich my son/daughter may appear, to be used in any way the Tehama County Police Activities League may care to use them.  IN WITNESS WHEREOF, the undersigned have hereunto set their hand this day of	Insurance Policy Number:		
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day of	This care may be given -under whatever condition	ons is necessary to preserve the life, limb, or well	being of my dependent. I give my consent for photogr
Signature of Parent/Guardian  Printed name of Parent/Guardian	day of	, 20	_·
Figure of Furthy Guardian	Signature of Parent/Guardian	Printed name	e of Parent/Guardian
Witness Signature Printed name of Witness	Witness Signature	Dainted nove	o of Witness

Printed name of Witness (PLEASE COMPLETE BOTH SIDES)