

Vacaville Police Department - Youth Development Programs



It is important that you complete this information thoroughly.
**If you have any questions, please contact our office at
 (707) 449-1859 or VacavillePAL@cityofvacaville.com**

MEMBER INFORMATION - CHILD #1

First Name:	Middle:	Last Name:
Gender:	Date of Birth:	Preferred Name:
Ethnicity (Check one) Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>	Race (Check one) White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Two or more races <input type="checkbox"/>	
School Year:	Grade:	School:

MEDICAL INFORMATION - CHILD #1

Doctor:	Phone:
Hospital to which your child should be transported if necessary:	
Health Insurance Group:	
Health Conditions we should be aware of (Asthma, Allergies, etc.):	
Medications child is taking:	
Does your child have any behavioral or developmental issues? (Mark if applicable)	Autism <input type="checkbox"/> ADHD <input type="checkbox"/> ADD <input type="checkbox"/> Other:
Please explain any other concerns or info you'd like us to know:	

MEMBER INFORMATION - CHILD #2

First Name:	Middle:	Last Name:
Gender:	Date of Birth:	Preferred Name:
Ethnicity (Check one) Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>	Race (Check one) White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Two or more races <input type="checkbox"/>	
School Year:	Grade:	School:

MEDICAL INFORMATION - CHILD #2

Doctor:	Phone:
Hospital to which your child should be transported if necessary:	
Health Insurance Group:	
Health Conditions we should be aware of (Asthma, Allergies, etc.):	
Medications child is taking:	
Does your child have any behavioral or developmental issues? (Mark if applicable)	Autism <input type="checkbox"/> ADHD <input type="checkbox"/> ADD <input type="checkbox"/> Other:
Please explain any other concerns or info you'd like us to know:	

CHILD'S HOME ADDRESS

Street Address:		
City:	State:	Zip Code

PERMISSION TO WALK HOME AUTHORIZATION

Although children are advised to remain in a supervised facility. We can't legally require them to stay. It is the responsibility of the parent/ guardian to determine if walking home is an appropriate departure method.

Mark One: I authorize my child(ren) to walk home I DO NOT authorize my child(ren) to walk home

MEDIA RELEASE

I hereby grant permission to the Police Activities League program to allow my kid(s) to be videotaped, photographed, or highlighted on social media by The City of Vacaville for publication, marketing, or events.

Parent/Guardian Signature:

Date:

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1:

Relationship to Kid(s):

Cell Phone:

Email:

Employer:

Work Phone:

Parent/Guardian #2:

Relationship to Kid(s):

Cell Phone:

Email:

Employer:

Work Phone:

EMERGENCY CONTACTS

Contact #1:

Relationship to Kid(s):

Phone:

Contact #2:

Relationship to Kid(s):

Phone:

How did you hear about our program? (Mark One)

Member School Friend Website
 Social Media Flyer Family Resource Center Other:

Household Information

Disabled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Single-Parent Home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the parent/guardian active military?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does your child qualify for free or reduced school lunch?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Total Yearly Household Income

How many people are in your household (check one):

1 2 3 4 5 6 7 8+

Check the box that indicates your yearly income:

<input type="checkbox"/>	\$24,462
<input type="checkbox"/>	\$32,958
<input type="checkbox"/>	\$41,454
<input type="checkbox"/>	\$49,950
<input type="checkbox"/>	\$58,446
<input type="checkbox"/>	\$66,942
<input type="checkbox"/>	\$75,438
<input type="checkbox"/>	\$83,934+

LIABILITY AND MEDICAL RELEASE & INDEMNIFICATION AGREEMENT

In consideration for being permitted by the City of Vacaville (“City”) to participate in the above-described program and/or activity, (“Activity”) I hereby waive, release and discharge any and all claims and damages for personal injury, death, or property damage which I and/or my minor child may sustain or which may occur as a result of my participation in said Activity. I understand and agree that:

1. This release is intended to discharge in advance the City and its officers, officials, employees, contractors, agents and volunteers (“City personnel”) from and against all liability arising out of or connected in any way with my participation in said Activity;
2. Participation in said Activity may be of a hazardous, strenuous, and/or physical nature and may involve interaction with other participants;
3. Participation in said Activity may involve risk of serious injury, disability, or death, or property damage and loss, which may result not only from each participant’s actions, inactions, or negligence, but also from the actions, inactions or negligence of others, including the actions, inactions or negligence or other legal fault of the City and/or City personnel, or from the conditions of the facilities, equipment, or areas where said Activity is being conducted, or from the unavailability of emergency medical care;
4. Knowing the risks involved, I nevertheless voluntarily request permission to participate in said Activity;
5. I hereby assume any and all risks of injury, death or property damage arising out of or connected in any way with my participation in said Activity.;
6. I hereby release, discharge and absolve the City and all City personnel in advance from and against any and all liability, injury, or damage arising out of or in connection with my participation in said Activity, or the failure on the part of the City and/or City personnel to comply with any obligations related to said Activity, even though that liability, injury, or damage may arise out of the negligence or other legal fault of the City and/or City personnel;
7. I will indemnify and hold the City and all City personnel harmless from any loss, liability, damage, cost or expense, including litigation, arising out of or connected in any way with my participation in said Activity;
8. In the event participant is a minor, participant is expressly permitted to travel by private automobile and/or City vehicle to and from all events and activities as needed if related to said Activity, and the City and all City personnel are hereby released, discharged and absolved from and against any and all liability, injury, or damage arising out of or connected with said transportation;
9. I and/or each minor child listed herein are in good health and have no physical condition which would prevent safe participation in said Activity; I agree to immediately report to the on site program or activity supervisor any unsafe condition observed by me and/or injury incurred by me and/or my minor child;
10. In the event participant is a minor and requires medical or surgical treatment while under the supervision of City personnel in connection with such Activity, such City personnel may authorize treatment;
11. I understand that the City provides no medical insurance for treatment of illness or injury and that any cost of treatment will be at my expense. I understand that the location of said Activity or the nature of the injury or illness may require the use of emergency medical services. I hereby release, discharge and absolve the City and all City personnel from and against any and all liability, injury, or damage arising out of or connected with the use of such medical services;
12. I acknowledge that said Activity is not child care as defined by the State of California;
13. I understand that City personnel may photograph or videotape me and/or my minor child and that the City may use such photographs or videotapes to promote City programs and activities. I expressly allow, and hereby waive any objection to, the City’s photographing or videotaping of myself and/or my minor child when participating in said Activity. I understand all photos and videotapes will remain the sole and exclusive property of the City of Vacaville;
14. I understand and agree that this release and indemnification agreement is intended to be as broad and inclusive as permitted under California law, and that if any portion of this release and agreement is invalid, the balance shall continue in full force and effect;
15. This release and indemnification agreement shall be effective and binding upon myself and my heirs, next of kin, family, relatives, guardians, conservators, executors, administrators, trustees and assigns.

I HAVE CAREFULLY READ THIS RELEASE AND INDEMNIFICATION AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE CITY OF VACAVILLE. I VOLUNTARILY AGREE TO EACH OF THE TERMS AND PROVISIONS HEREIN AND SIGN THIS RELEASE AND INDEMNIFICATION AGREEMENT OF MY OWN FREE WILL.

Printed Name of Parent/Guardian: _____ Date: _____

Signature Name of Parent/Guardian: _____

CITY OF VACAVILLE

**Assumption of the Risk and Waiver of Liability Relating to
Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations and circumstances, prohibited the congregation of groups of people.

The **City of Vacaville (“City”)** has put in place preventative measures to reduce the spread of COVID-19; however, the city **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending City programs could increase** your risk and your child(ren)’s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected with COVID-19 by attending City programs, activities, and events and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected with COVID-19 at City programs, activities, and events may result from the actions, omissions, or negligence of myself, my child(ren), and others, including, but not limited to, City employees, officials, agents, volunteers, and other participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s attendance or participation at City programs, activities, and events (“Claims”). On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless the City, its employees, officials, agents, volunteers, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the City, its employees, officials, agents, volunteers, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any City program, activity, or event.

Date: _____

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Participant(s) Name: _____