



PARTICIPANT FORM



PARTICIPANT INFORMATION

Participant's Name: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ Zip: _____

School: _____ Grade: _____ Gender: _____

Parent/Legal Guardian Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____ E-mail: _____

Referred to Manchester PAL by: _____

DEMOGRAPHICS (please check one in each category)

Race:	Family:	Total People in Household:
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Female Head of Household	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<input type="checkbox"/> Asian	<input type="checkbox"/> Not Female Head of Household	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
<input type="checkbox"/> Black/African American		<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 or more
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander		

<input type="checkbox"/> Multi Racial	Free/Reduced Lunch:
<input type="checkbox"/> White	<input type="checkbox"/> Receives / Eligible for FREE Lunch
<input type="checkbox"/> Other	<input type="checkbox"/> Receives / Eligible for REDUCED Lunch
Ethnicity:	<input type="checkbox"/> Not Eligible
<input type="checkbox"/> Hispanic/Latino	
<input type="checkbox"/> Not Hispanic/Latino	

Note: We provide certain demographic information from this form to the Town of Manchester for statistical reporting.

EMERGENCY CONTACTS: Please list two people who can be notified in the event of an emergency if you are unavailable.

1. Name: _____ Phone: _____ Cell Phone: _____

Address: _____ Relationship: _____

2. Name: _____ Phone: _____ Cell Phone: _____

Address: _____ Relationship: _____

PERMISSION AND EMERGENCY/MEDICAL INFORMATION

Are there any specific medical conditions, Background, Allergies, etc... we should be aware of? _____

In case of emergency, if I cannot be reached, I give permission to the attending physician to hospitalize, secure necessary treatment, order injections, anesthesia, or surgery for my child named on this form. Additionally, I also understand the Manchester Police Activities League, Inc. does not provide accident or health insurance. In addition, I give permission for my child to participate in programs at Manchester PAL.

Parent/Legal Guardian

Signature: _____ **Date:** _____

PICK UP INFORMATION:

Parents and guardians must arrange to pick up their student from the center. Parents are responsible for arranging in the timely pickup of their children / legal ward before or at 5:30PM. Please come into the center to sign your student out.

Persons authorized to pick up your child must be at least 18 years of age & MUST check in with PAL program staff.

Is there anyone **NOT** authorized to Pick Up your child?: _____

BEHAVIOR EXPECTATIONS

Establishment of a welcoming, caring and safe environment is key to implementing a successful behavior guidance strategy. All children will be treated with respect and will be expected to treat their fellow students and staff/volunteers with respect. We endeavor to create a positive environment where the mentors act as role models.

The Manchester Police Activities League and all related programs are non-profit programs supported by the kind financial support of the community. All of the programs are operated daily by volunteers who give freely of their time to support the positive development of Manchester Youth. In short we expect reasonable good behavior and cooperation from the children.

- ✓ We encourage each child to develop his or her own problem solving skills. The adult serves as a resource person in disputes between children
- ✓ We state limits in a positive manner and always do our best to “catch” children when they are acting as good role models to others.
- ✓ Discipline is a direct consequence of inappropriate behavior. Disruptive behavior results in the child having to leave that activity. A child may have to be asked to spend some time alone to, reflect on their behavior, in order to learn from their mistake

DISCIPLINE POLICY

It is recognized that the programs may not suit the needs of all children. If an individual child’s behavior becomes detrimental to their program experience, or is disruptive to other children the program coordinator may take any or all of the following actions;

- **Document the behavior and inform parent(s) via email, phone or in person.
- **Remove or suspend the child from participation for a specified length of time.
- **Meet with parent(s) to discuss concerns and discuss a plan of action
- **Provide immediate request of discharge to the Office of Executive Director who will make a final and complete decision regarding the issue.

Serious concerns include inappropriate physical contact, verbal disrespect towards others, leaving the program area without permission, throwing of objects, etc...Immediate discharge may also be necessary as a result of non-compliance with the pick up or other policies.

I have reviewed the above guidelines and policies I FULLY understand and agree to support the above rules and regulations and will respect any and all final decisions made by PAL staff and the Office of the Executive Director.

A signature by the child and a Parent/Guardian is REQUIRED showing they understand the rules and code of conduct.

Signature of Parent/Guardian: _____

Date: _____

Required Release of Academic Information and Documentation

The Manchester PAL Academic Success Program is a homework, classwork, study skills assistance and tutoring program designed to help student focus on doing their very best in academic studies and school work. Our goal is to help students excel to the best of ability academically. Having up-to-date information concerning your student's progress is essential to our work. Please complete the following information for your child/legal ward.

Name of Student: _____ **Grade:** _____

Name of School: _____

Dear Principal, Teacher, Staff Member:

My child is currently enrolled in the Manchester PAL Academic Success Program. I hereby request and authorize the Manchester Police Activities League (PAL) to request and obtain copies of the following items pertaining to my child / legal ward (named above)

- Account Log-in and Passwords so staff me check assignments and progress (if applicable)
- Grades
- Report cards
- Progress Reports
- Student Watches or routine updates
- All assignments, including, but not limited to: homework, in class work, preparation work, tests, quizzes, projects, reports, etc...
- Any other information that may be found to be helpful to the student's progress

Please Release this information to:

Mrs. Krista Tuohey, MPAL Academic Success Center Supervisor

I affirm that the purpose of this is so the Manchester PAL can assist my child/legal ward with their academic studies.

Name of Parent /Guardian: _____

Signature of Parent /Guardian: _____

Date: _____

On-Line Access Contract for PAL Student Usage:

PAL Student Name: _____ Date: _____

I agree to take personal responsibility for the following rules of the acceptable use policy stated in this contract. To that end I will:

- Use the on-line resources provided by PAL for school-related projects.
- Use the on-line resources provided by PAL only with the permission of a PAL staff person.
- Use language on-line which is consistent with PAL guidelines and regulations.
- Not tamper with equipment or software; nor alter the network interface; nor attempt to gain access to the data and files of others; nor attempt to access information on the Internet, or other on-line services, not consistent with the guidelines of PAL; nor violate any copyright laws.
- Report any problems or breaches of this contract to a PAL staff person.
- Not use the Internet inappropriately and understand that if I do, my behavior will result in losing all on-line privileges with any PAL setting; be subjected to disciplinary measures under PAL guidelines and regulations; be referred to appropriate legal authorities, if warranted.

PAL Member/Student Signature: _____

As a-parent/guardian, of the student, I have read the above contract and I agree that my child may use the on-line resources provided by PAL if he/she follows the rules of the contract. I understand that any conduct by my child that is in conflict with the contract will result in termination of his/her access rights as well as possible disciplinary action.

(Please check one below)

I give my permission for my child to access on-line resources at PAL.

I do NOT want my child to use the Internet or other on-line resources.

Parent/Guardian Signature: _____ **Date:** _____

Parent / Guardian Authorization, Waiver & Release:

Please read any waiver carefully. It includes a release of liability and waiver of legal rights and deprives you of the ability to sue certain parties. Do not agree to this document unless you have read and understood it in its entirety. By agreeing you acknowledge that you have both read and understood the text presented to you as part of the registration process. You also understand and agree that events carry certain inherent dangers and risks which may or may not be readily foreseeable, including without limitation personal injury, property damage or death. Your child or legal ward's ability to participate in the event(s) is/are subject to your agreement to the waiver and by agreeing herein, you accept and agree to the terms of the waiver and release agreement.

Photo and Video Authorization: For the purpose of internal use, public relations, media, website marketing, etc.. Manchester PAL sometimes takes photographs and/or video of related PAL programs and PAL participants, staff, and volunteers. You permission to photograph and/or video your child or legal ward is required. .

I give permission to the Manchester Police Activities League to use any and all photographs or video taken of me and/or my child/legal ward in agency publications, media and/or the agency web site. All photographic images or video shall be the property of the Manchester Police Activities League. I waive all claims for any compensation for such use. I waive any right I have to inspect and/or approve the finished product or the use to which it may be applied. I understand that if I do not provide my consent that my child or legal ward may not be allowed to participate in various special events or trips.

The above information, including medical information, is correct and complete so far as I know. The person named above has permission to participate in all activities except as noted by the examining physician or myself. If I can't be reached in an emergency, I hereby give permission to the physician selected by the PAL staff to hospitalize, secure, give proper medical treatment and order injection, anesthesia for surgery for the person named above. Manchester PAL is not responsible for any condition or situation of which they are not informed. Additionally, I the undersigned do hereby waiver and hold harmless Manchester Police Activities League Inc, their employees, staff, officers, and agents, from any personal or property damage I or any child may incur while participation in this activity. I also understand the Manchester Police Activities League does not provide accident or health insurance.

By this Waiver, I assume any risk, and take full responsibility and waive any claims of personal injury, death or damage to personal property associated with the Manchester Police Activities League, Inc. or any other related club, school, business or organization sanctioned by Manchester PAL to occupy any PAL location for the purpose of any event or activity on-site or at any off-site location which includes, but is not limited to the Manchester PAL Homework club. I have signed this agreement freely, voluntarily, under no duress. My signature is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law. I am 18 year of age or older and mentally competent to enter into this waiver on behalf of myself or on behalf of my child/ legal ward.

On behalf of myself or my child / legal ward, I hereby state that I fully understand that I fully accept and assume all risks and all responsibility for losses, costs, and damages incurred as a result of participation in all activities at the Manchester PAL Center, 642 Hilliard Street Manchester, CT 06042 or at any other location in which a club, training, special event, activity, social event, or demonstration that may take place at the Manchester PAL Center, 642 Hilliard Street Manchester, CT 06042 or any and all offsite locations. I waive and hold harmless the Manchester Police Activities League, Inc., its officers, employees, volunteers, police officers, agents, instructors, and students, including instructors, students, guests, and any other instructors or participants from related clubs, schools, businesses or organizations given permission conduct training or any and all related activities, during any such activities or events onsite or at any offsite location. I agree not to bring, or cause to be brought, any claim or suit against Manchester PAL, the school, instructors, staff, guests, students, landlord, or any related parties, on behalf of myself or for my child/legal ward for any injury or harm sustained by any event short of a criminal act, and then only the criminal shall be the subject of such a claim. I also agree not to cooperate in the bringing of such a suit or claim except insofar as I may be legally required to do so

Finally, I shall indemnify, save, and hold harmless the Manchester Police Activities League, its officers, employees, staff, volunteers, police officers, agents, the club, instructors, sanctioned instructors, guest instructors, guests, students, and any and all additional defendants covered by this agreement, for any and all judgments, costs, attorney fees, litigation expenses, loss liability, damage, and all other expenses incurred as a result of a breach of this agreement or that might be incurred as the result of any such claim. I understand that all decisions made concerning my participation, or the participation of my child or legal ward, made by Manchester PAL and the Office of the Executive Director are final and that my payment of fess are non-refundable. If the participant is a minor child the legal guardian or parent has fully understood the terms above and consents to acceptance of this release for myself and child to be involved in such activities.

Dated: _____

Printed Name: _____

Legal Signature : _____

WALK HOME OPTION (AGES 15+)

Students over the age of 15 year old may walk or bike home ONLY with express parental permission.

Is your child over the age of 15 year old? __YES __NO

Do you wish for them to have the option to walk or bike home from PAL on their own? __YES __NO

I, as the parent or guardian of the above named child / participant, give my child, being older than 15 year of age, give express permission to walk or bike home after dismissal from the PAL ASC program. I the undersigned, do hereby waive and hold the Manchester Police Activities League, Inc, its employees and agents, harmless from any personal or property damage I or my child may incur during their transportation in any form, (walk, bike, etc...) after being given permission to depart from the ASC Center by PAL staff. I, and my child or legal ward assume any and all risks related to their walking, biking, or other form of transportation to home or any other location after dismissal.

By this Waiver, I assume any risk, and take full responsibility and waive any claims of personal injury, death or damage to personal property associated with the Manchester Police Activities League, Inc. or any other related club, school, business or organization sanctioned by Manchester PAL to occupy any PAL location for the purpose of any event or activity on-site or at any off-site location which includes, but is not limited to the Manchester PAL Homework club. I have signed this agreement freely, voluntarily, under no duress. My signature is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law. I am 18 year of age or older and mentally competent to enter into this waiver on behalf of myself or on behalf of my child/ legal ward.

On behalf of myself or my child / legal ward, I hereby state that I fully understand that I fully accept and assume all risks and all responsibility for losses, costs, and damages incurred as a result of participation in all activities at the Manchester PAL Center, 642 Hilliard Street Manchester, CT 06042 or at any other location in which a club, training, special event, activity, social event, or demonstration that may take place at the Manchester PAL Center, 642 Hilliard Street Manchester, CT 06042 or any and all offsite locations. I waive and hold harmless the Manchester Police Activities League, Inc., its officers, employees, volunteers, police officers, agents, instructors, and students, including instructors, students, guests, and any other instructors or participants from related clubs, schools, businesses or organizations given permission conduct training or any and all related activities, during any such activities or events onsite or at any offsite location. I agree not to bring, or cause to be brought, any claim or suit against Manchester PAL, the school, instructors, staff, guests, students, landlord, or any related parties, on behalf of myself or for my child/legal ward for any injury or harm sustained by any event short of a criminal act, and then only the criminal shall be the subject of such a claim. I also agree not to cooperate in the bringing of such a suit or claim except insofar as I may be legally required to do so

Finally, I shall indemnify, save, and hold harmless the Manchester Police Activities League, its officers, employees, staff, volunteers, police officers, agents, the club, instructors, sanctioned instructors, guest instructors, guests, students, and any and all additional defendants covered by this agreement, for any and all judgments, costs, attorney fees, litigation expenses, loss liability, damage, and all other expenses incurred as a result of a breach of this agreement or that might be incurred as the result of any such claim. I understand that all decisions made concerning my participation, or the participation of my child or legal ward, made by Manchester PAL and the Office of the Executive Director are final and that my payment of fees are non-refundable. If the participant is a minor child the legal guardian or parent has fully understood the terms above and consents to acceptance of this release for myself and child to be involved in such activities.

Name of Parent/ Guardian: _____ Signed: _____