



## HARRISBURG POLICE ATHLETIC LEAGUE YOUTH PARTICIPANT APPLICATION

### PARTICIPANT INFORMATION

LAST Name: \_\_\_\_\_ FIRST Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_

Gender:     M     F

Ethnicity:

- American Indian/Alaskan Native
- Asian/ Pacific Islander
- Black/ African American
- Hispanic/ Latino
- White/ Caucasian
- Other

Program Interested in:

- Heart to Heart
- Mentoring Through Sports (Sport: \_\_\_\_\_)
- Other: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION (PARENT/GUARDIAN)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PLEASE SEE REVERSE FOR MORE**

PARENTAL CONSENT

I give permission for my child to participate in all program activities. He/she is in good health and may participate in normal program activities unless I specify otherwise. In case of medical emergency, I authorize the staff of the HPAL program to seek emergency care for my child. I understand that medical information and personal data will be used in programs, when necessary, to protect my child’s well-being, but will be kept confidential by the HPAL staff.

I consent that photographs taken of my child are the property of the Harrisburg Police Athletic League and may be reproduced and publicized as the HPAL desires at any time, free of claims on my part.

**I HAVE READ THE POLICIES LISTED IN THE INFORMATION CONTRACT. I UNDERSTAND THAT FAILURE TO COMPLY WITH THESE POLICIES MAY RESULT IN MY CHILD BEING SUBJECT TO SUSPENSION/TERMINATION FROM THE PROGRAM.**

Name of Parent/ Guardian: \_\_\_\_\_

Phone of Parent/ Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_