



**TEHAMA COUNTY POLICE ACTIVITIES LEAGUE (P.A.L.)**  
**555 WASHINGTON STREET / P.O. BOX 9187**  
**RED BLUFF, CA 96080**  
**(530) 529-7920 • (530) 529-9771 FAX**  
[tehamacountypal@calpal.org](mailto: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:**  Male  Female

**Address:**  (Line 1)  
 (Line 2)  
 (City)  (State)  (Zip)

**Address Type:**  
 Home  
 Work  
 \_\_\_\_\_

**Phone Number:** ( )  -   
**Phone Type:**  Home  Work  Cell  Message

( )  -   
 Home  Work  Cell  Message

**Family Size:**  **E-Mail Address:**  **E-Mail Type:**  Home  Work  \_\_\_\_\_

**Employer:**  **Occupation/Job Title:**

**PARENT/GUARDIAN (Please Print)**

**First Name:**  **Last Name:**  **Gender:**  Male  Female

**Address:**  (Line 1)  
 (Line 2)  
 (City)  (State)  (Zip)

**Address Type:**  
 Home  
 Work  \_\_\_\_\_

**Phone Number:** ( )  -   
**Phone Type:**  Home  Work  Cell  Message

( )  -   
 Home  Work  Cell  Message

**Employer:**  **Occupation:**

**(PLEASE COMPLETE BOTH SIDES)**

**PARTICIPANT INFORMATION** *(Please Print)*

**First Name:**

**Middle Name:**

**Last Name:**

**Nick Name:**

**Date of Birth:**

**Gender:**

Male  Female

**Ethnicity:**

African American  Asian  Bi-racial  Caucasian  
 Hispanic  Native American  Other  
 Pacific Islander

**Home Address:**

(Line 1)

(City)

(State)

(Zip)

**Home Telephone Number:**

( )  -

**Cell/Message/Other**

( )  -

**MEDICAL INFORMATION** *(Please print)*

**Insurance Company**

**Medications:**

**Medical Problems/Allergies**

**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 understand my permission will remain in effect until I withdraw it. The undersigned does hereby release and discharge the **Tehama County Police Activities League**, all its agents, employees and officers thereof, of and from all actions, causes of action, damages, claims and demands, in law or in equity, of every kind and character, 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, executors or administrators may hereinafter have against them, or any of them, which might arise in connection with the above named acting in the capacity of a participant of a program or otherwise using equipment or facilities provided by the **Tehama County Police Activities League** or injury which may hereafter be sustained 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 medicine. 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 photographs, in which 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 \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed name of Parent/Guardian

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed name of Witness

**(PLEASE COMPLETE BOTH SIDES)**

*Updated 01/11/07 klh*