

POLICE ACTIVITIES LEAGUE MEMBERSHIP APPLICATION

CLUB _____ ACTIVITY _____ DATE: _____

NAME: _____ HOME ADDRESS: _____

PHONE: _____ SCHOOL: _____ GRADE: _____

BIRTH DATE: _____ AGE: _____ GENDER: _____

MEDICAL INSURANCE COVERAGE PLAN: YES / NO TYPE OF PLAN: _____

CHILD'S SHIRT SIZE: CHILD'S S / M / L or ADULT'S S / M / L / XL / XXL / XXXL

E-MAIL ADDRESS _____

AGREEMENT:

This Agreement made this _____ day of _____ 20 _____ by and between the

POLICE ACTIVITIES LEAGUE, First Party, and _____

Second Party (Parents) of _____, a MINOR

WITNESSETH:

That for and in consideration of the conditions, promises and covenants of the parties hereto, it is hereby agreed as follows:

1. Second Party for himself, his heirs, executors, and administrators, and heirs, executors and Administrators of the said MINOR, hereby WAIVE and RELEASE any and all rights and damages they may have against the FIRST PARTY, its officers and representatives, sponsors, managers, coaches, trainers or any person or persons who are in any manner connected with the operation of the POLICE ACTIVITIES LEAGUE, for any practices exhibitions, contests, training and including transportation to and from the foregoing activities, by said MINOR.

Dated at Honolulu, Hawaii, this _____ day of _____ 20 _____

POLICE ACTIVITIES LEAGUE, FIRST PARTY, by _____ SECOND PARTY

_____ (father's signature) _____ (mother's signature)

Or _____ (guardian's signature).

FEES

The Police Activities League (PAL) **no longer charges any fees** for a child to participate in any of our activities. However, each individual team may require your child to pay a team registration fee to cover the team's expenses such as pictures, uniforms, banquet, trophies, etc. In that case, you should be able to obtain a complete and detailed breakdown of the team's funds expenditures from your child's coach.



POLICE ACTIVITIES LEAGUE



SPONSORED BY HONOLULU POLICE DEPARTMENT
801 SOUTH BERETANIA STREET
HONOLULU, HAWAII 96813

POLICE ACTIVITIES LEAGUE'S CODE OF ETHICS PLEDGE

I hereby pledge to abide by the following Code of Ethics:

I will place the emotional and physical well being of my players ahead of any personal desire to win.

I will remember that I am a youth coach, and that the game is for children and not adults.

I will do my best to provide a safe play situation for my players.

I promise to review and practice the necessary first aid principles needed to treat injuries that may occur.

I will lead by example, in demonstrating a fair and sportsmanship like attitude to all my players.

I will insure that I am knowledgeable in the rules of the sport that I coach, and that I will teach those rules to my players.

I will do my best to organize practices that are fun and challenging for all my players.

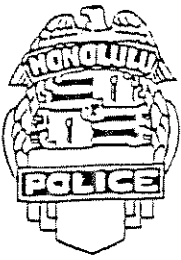
I will use coaching techniques appropriate for each of the skills that I teach.

I will insure that my conduct as a coach, both at and around the playing fields or practice sites, are in line with the Police Activities League philosophy.

Print name

Volunteer's Signature

Date



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VOLUNTEER'S BACKGROUND CHECK

LEGAL FULL NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE NO.: _____ BUS. PHONE NO.: _____

BIRTHDATE: ____/____/____ SOCIAL SECURITY NO.: _____

EMPLOYER: _____

BUSINESS ADDRESS: _____ CITY: _____ ZIP: _____

OCCUPATION: _____

HOW MUCH COACHING EXPERIENCE DO YOU HAVE? _____

WHICH LEAGUE: _____

HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF ANY DRUG OFFENSES? YES _____ NO _____

IF YES, WHAT FOR: _____

HAVE YOU BEEN ARRESTED OR CONVICTED WITHIN THE LAST SIX YEARS? YES _____ NO _____

IF YES, WHAT FOR: _____

I give my permission freely and voluntarily, without coercion, to have my background checked with the understanding that it will be used only to determine my suitability as a volunteer in the Police Activities League program.

I understand that any false statement will be grounds for immediate disqualification of my application to the Police Activities League program.

Signature Date

Check made by: _____ Date: _____

POLICE ACTIVITIES LEAGUE TEAM ELIGIBILITY AFFIDAVIT

CLUB _____ DIVISION _____ ACTIVITY _____

PLAYERS NAME	DATE OF BIRTH	ADDRESS	PHONE NO.	SHIRT SIZE	MEDICAL COVERAGE
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

COACHES

COACH _____ ADDRESS _____ HOME PHONE _____ BUS PHONE _____ SHIRT SIZE _____
 COACH _____
 COACH _____
 COACH _____
 ADVISORS APPROVAL: _____

I hereby certify that the dates of birth of the players listed above are correct and have been substantiated by birth certificates examined by me that the addresses of each player are correct and that each player lives within the boundaries.

AUTHORIZED CLUB OFFICIAL _____ DATE _____ TIME _____ Dated at _____
 AUTHORIZED PAL FIELD DIRECTOR _____ DATE _____ TIME _____ Subscribed and sworn to before this _____ day of _____