



RAMPART POLICE ACTIVITIES LEAGUE PROGRAM

**SUPPORTED BY:
LOS ANGELES POLICE DEPARTMENT**

Applicant Last Name

Applicant First Name

Age

Division of Assignment

APPLICATION CHECKLIST

- | | |
|---|--|
| <input type="checkbox"/> Application | <input type="checkbox"/> Immunization Card |
| <input type="checkbox"/> Medical Form | <input type="checkbox"/> Marital Arts |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Preliminary Background Assessment | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Legal and Signature Page | |
| <input type="checkbox"/> Report Card (Applicable only for Minors) | |

[This portion to be completed by Youth Services Officer of Rampart Division]

This section is to be signed by the Youth Services Officer approving or denying application following review.

- Application Complete Application Incomplete

Community Relations Officer-in-Charge Signature (OIC)

Serial Number

Youth Coordinator Officer (YCO)

Serial Number

Signature of YCO

[This portion to be completed by Commanding Officer of Rampart Division]

This section is to be signed by the Commanding Officer approving or denying application following review.

Commanding Officer (Print Name)

Serial Number

Date

Signature of Commanding Officer

Rampart PAL APPLICATION – POLICE ACTIVITIES LEAGUE PROGRAM

Male Female _____ Date of Birth _____ Age
 Date _____

_____ Last Name _____ First Name

_____ Address
 _____ City _____ State _____ Zip Code
 _____ Home Phone _____ Cell Phone

Address

 Reporting District
Completed by YCO

School GPA
Completed by YCO

_____ Email Address

Grade: _____ 7 8 9 10 11 12 Grad
 Name of School _____

Ethnicity: Black Asian/Pacific Islander American Indian
 Hispanic Caucasian Filipino Other: _____

Shirt / Pants Size: Extra Small Small Medium Large Extra Large Extra-Extra Large

Note: Uniform size will apply to both top (shirt) and bottom (pants). No mixing of sizes

How did you hear about the Rampart PAL Program?
 Television/Radio Internet Friend Police Officer School Flyer
 Other: _____

In the past, have you participated in any LAPD-sponsored youth programs (e.g., Junior Cadets, PAL, Jeopardy, Juvenile Impact Program, Community Safety Partnerships, etc.)? If yes, list the program and location the program was hosted?

PARENT/GUARDIAN CONTACT INFORMATION

 Last Name First Name Relationship

 Address City State Zip Code

 Home Phone Cell Phone Work Phone

 Email address _____

SCHOOL BACKGROUND:

All program participants currently enrolled in middle or high school must maintain a **minimum of a 2.0** grade point average (GPA). A **report card shall be attached** to this application in order for candidates to be considered for the program. If the most recent report card is unavailable then a school counselor, teacher, or other school official can write a recommendation, which will be attached to this application, along with verification of the applicant's current GPA

PARENT / APPLICANT AGREEMENT:

I declare that all statements on this enrollment form and attachments are true and complete to the best of my knowledge. I understand that false, misleading, or incomplete information shall be cause for disqualification or termination from the PAL Program. I understand that **appointment as a volunteer is an "at will" status**; and that the Rampart PAL and The City of Los Angeles, acting through its Police Department, is free to discharge me without cause and I am free to discontinue participation in the program at any time. The parent/guardian gives permission to the PAL Applicant, under the age of 18, to participate in the Rampart PAL Program. The parent/guardian, as well as the PAL Applicant 18 years of age or older, understands the importance of providing accurate medical information, certifies that all information provided is accurate, and acknowledges that there are no physical limitations that would prevent the PAL Applicant from participating in all aspects of the Rampart PAL Program. I also understand that in the event of serious illness or injury, reasonable efforts will be made to contact the parent or guardian listed above.

MEDICAL FORM

ALLERGIES: (medications, food, plants, insect bites, etc.)

Explain: _____

MEDICAL HISTORY: Do you currently have or have you ever had?

- | | | | | | |
|----------------------------------|--|-------------------------------------|--|----------------------|--|
| Asthma: | <input type="checkbox"/> YES <input type="checkbox"/> NO | Convulsions / Seizures: | <input type="checkbox"/> YES <input type="checkbox"/> NO | Heart Trouble: | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Cancer: | <input type="checkbox"/> YES <input type="checkbox"/> NO | High Blood Pressure: | <input type="checkbox"/> YES <input type="checkbox"/> NO | Diabetes: | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Hemophilia: | <input type="checkbox"/> YES <input type="checkbox"/> NO | Kidney Disease: | <input type="checkbox"/> YES <input type="checkbox"/> NO | Learning Disability: | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Diagnosed with a Mental Illness: | <input type="checkbox"/> YES <input type="checkbox"/> NO | Placed on a Mental Evaluation Hold: | <input type="checkbox"/> YES <input type="checkbox"/> NO | Physical Disability: | <input type="checkbox"/> YES <input type="checkbox"/> NO |

If the PAL Applicant has been diagnosed with a Mental Illness, what was the diagnosis? _____

If the PAL Applicant was placed on a Mental Evaluation Hold, what was the hold for, and when? _____

If the PAL Applicant has a Learning Disability, what is the disability? _____

If the PAL Applicant has a Physical Disability, what is the disability? _____

Does the PAL Applicant have an Individualized Education Program (IEP) or 504 Plan? _____

Explain all other "yes" answers: _____

MEDICATIONS: (List all prescription medications that you take regularly)

IMMUNIZATIONS: (Date of last inoculation)

- | | | |
|--------------------|-----------------------|----------------|
| Chicken Pox: _____ | Mumps: _____ | Polio: _____ |
| Diphtheria: _____ | Hepatitis B: _____ | Measles: _____ |
| Pertussis: _____ | Tetanus Toxoid: _____ | Rubella: _____ |

HEALTH INSURANCE:

Insurance Carrier: _____ Policy Number: _____

Primary Care Physician: _____

Last Name	First Name	Office Phone

Address	City	State
		Zip Code
_____		_____

Applicant Last Name

Applicant First Name

Applicant DOB

PHYSICIAN OR LICENSED HEALTH CARE PRACTITIONER EVALUATION

A medical examination conducted by a physician or licensed health-care practitioner is required for participation in all PAL Activities Program activities. I certify that I am a physician or licensed health-care practitioner and this Cadet Applicant is healthy enough to participate in strenuous exercise each day, and for over an hour and a half in duration, to include the following movements but not limited to:

During regular physical fitness training sessions, the exercises listed below will performed after an initial warm-up. Some exercises may be excluded due to time constraints or substituted with other physical activities. All participants are expected to try their best during exercises, but at no time are they instructed or encouraged to push themselves beyond what is reasonable or practical.

- **Running:** To include running or jogging in place, running or sprints on different surfaces, and/or team relay races.
- **Body Weight Exercises:** Participants will perform multiple body weight exercises including but not limited to push-ups, burpies, planks, bridges, squats, and lunges.
- **Sit-Ups:** To include all variations, as well as leg lifts.
- **Pull-Ups:** Due to the difficulty of this exercise participants will only be expected to complete as many repetitions as possible.
- **Jumping:** Participants will perform jumping jacks, side saddle hops, side steps, skaters, and may climb over a 6-foot wall or fence.
- **Agility Drills:** Lateral movements (movements from side to side and front to back).
- **Sparring:** An exercise to help timing and judgement of defensive and offensive techniques.

Based upon my examination of this patient, I recommend the following restrictions or limitations:

Note: All restrictions and/or limitations shall be completed legibly. Failure to do so could result in the Applicant’s denial of entry into the PAL Program.

Physician Name: _____

Printed Name

Physician Business Address: _____

Printed Address

Physician Contact Phone: _____

Physician Signature: _____

Place Physician’s Stamp Here



MUST

Have Physician’s Signature & Physician’s Stamp



RAMPART PAL PROGRAM LEGAL WAIVER:

AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE, WAIVER AND RELEASE OF CLAIMS

I, as the parent or legal guardian of the applicant, a minor (the "Minor"), hereby expressly give my consent for such participation. On behalf of myself and Minor, I hereby release, acquit and forever discharge the Rampart PAL and The City of Los Angeles and its officers, agencies, and employees of and from any and all rights, claims, demands, actions, causes of action, damages, costs, losses of services, compensation, and debts, including attorney's fees (collectively "claims") which the undersigned and Minor may have against the Rampart PAL and The City of Los Angeles, whether known or unknown, which result from, arise from, or are related in any way to Minor's participation in the PAL Program or any activities or events related thereto; or I, 18 years of age and older, the undersigned also hereby release the same. I hereby agree to indemnify and hold harmless the Rampart PAL and The City of Los Angeles from and against any and all claims which result from, arise from, or are related in any way to Minor's participation in the PAL Program excluding only claims that are attributable to the gross negligence or willful misconduct of Rampart PAL and The City of Los Angeles.

Should it be necessary for my minor child to have emergency medical care while participating in the Rampart PAL Program, I hereby give The Rampart PAL and The City of Los Angeles personnel my permission to use their judgment in obtaining care for my minor child and I give permission to the medical care provider selected by the Rampart PAL and The City of Los Angeles personnel to render medical care deemed necessary and appropriate. Such consent includes any x-ray examination, anesthetic, medical or surgical diagnostic or treatment and/or hospital service that may be rendered to said minor or adult. I understand that the Rampart PAL and The City of Los Angeles is not obligated to provide medical treatment and that any cost incurred for treatment provided which is not covered by insurance shall be my sole responsibility. On behalf of myself and of Minor, I expressly waive the rights given by Section 1542 of the Civil Code of California which states: "A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor." I warrant that I understand the content of the foregoing authorization, release, and indemnity. My signature, hereon, is my own free act and it is my intention to be legally bound hereby.

For those 18 years of age and older, I represent that I am at least 18 years of age and that I have carefully read this document. I warrant that I understand the content of the foregoing authorization, release and indemnity. My signature, hereon, is my own free act and it is my intention to be legally bound hereby.

PARENTAL WAIVER FOR CONSENT FOR PHOTOGRAPHS

I, the undersigned parent or legal guardian of the applicant, a minor child assigned to the PAL Program, do hereby consent to my child being photographed, by professional and/or amateur photographers, while participating in any detail, event, function, or activity related to the Los Angeles Police Department PAL Program; or, I, a Participant 18 years of age and older, do hereby consent to being photographed, by professional and/or amateur photographers, while participating in any event, function, or activity related to the Los Angeles Police Department PAL Program. I also give my consent for the Los Angeles Police Department, including any Division or unit therein to use the photographs taken of my child to develop brochures, posters, displays, or other items for Rampart PAL recruitment purposes. I further authorize the use and display of the photographs during other Department sponsored promotional activities. I hereby expressly waive all claims for compensation and release the Rampart PAL, Los Angeles Police Department and the City of Los Angeles from any and all liability which may arise as a result of my child being photographed while participating in the PAL Program, and for the subsequent use and display of the photographs. I understand that this consent/waiver and release will remain in effect until such time that it is revoked, in writing, by me. Rampart PAL retains the right to use the aforementioned photographs for the purposes stated herein, whether or not the minor continues to be involved in the PAL Program, absent written revocation of consent by the parent/guardian.

PAL INSURANCE SUMMARY

The Rampart PAL provides Accidental Medical coverage for all PAL participants and volunteers engaged in PAL sanctioned activities. This insurance coverage provides protection for individuals who volunteer their time in service to the PAL, or participate in PAL sanctioned events. The accident coverage is supplemental to any other insurance available to the individual at the time of an incident requiring medical treatment.

Accidental Death and Dismemberment: A maximum benefit of \$250,000 is available.

Accidental Medical Expense: A maximum benefit of \$50,000 per occurrence and/or a 52-week limit (whichever occurs first) for medical treatment related to most injuries suffered while participating in PAL sanctioned activities.

Accident Reporting Procedure: In the event of an injury, individuals have the responsibility to immediately notify PAL staff of the incident. If for some reason this is not possible, the injury shall be reported within 24 hours of the next business day, at which time the staff or advisor will direct the individual on proper reporting procedures.

PRELIMINARY BACKGROUND ASSESSMENT

If the PAL Applicant certifies that the answers they have given on the above questionnaire are true, complete and correct to the best of their knowledge and that they have not evaded or omitted any part thereof to reflect an untruth listed herein, then they understand that falsification constitutes ground for termination from the Rampart's PAL Program.

By signing below, all PAL Applicants, Parents, Guardians, Community Relations Officer-in-Charge and Youth Services Officers have read, understand, and agree to all conditions listed herein.

_____	_____	_____
<i>Applicant Signature</i>	<i>Applicant Printed Name</i>	<i>Date</i>
_____	_____	_____
<i>Parent / Guardian Signature</i>	<i>Parent / Guardian Printed Name</i>	<i>Date</i>
_____	_____	_____
<i>Youth Coordinator Officer Signature</i>	<i>Youth Coordinator Officer Printed Name</i>	<i>Date</i>