

Bakersfield Police Activities League Summer Day Camp 2026

Must provide proof of age
Non-Refundable Registration
Fee: \$50



Bakersfield Police Activities League
301 E. 4th Street Bakersfield, CA 93307
E-Mail: info@bakersfieldpal.org
Phone: (661) 283-8880

Please Print:

Participants Name:

Date of Birth:

Address

Age

Gender

Home Phone:

Cell Phone:

Work Phone:

Emergency Contact Person and Phone:

Member Medical Information

Medical Problems/Allergies: _____

Medications: _____

PARENT AUTHORIZATION

This is a legal and binding document authorizing hospital and/or medical treatment in the event your child is injured in an accident, and the parent(s) or guardian(s) cannot be reached to provide consent. This original form will be retained by program managers, coaches, or team parents and may be presented as a legal document if medical treatment is required.

I/We, the undersigned parent(s)/guardian(s) of _____, a minor, hereby consent to any X-ray examination, medical treatment, or hospital care deemed necessary. Such treatment shall be rendered under the general or special supervision of a licensed physician or qualified medical practitioner at a licensed hospital, and all expenses shall be my/our responsibility.

This authorization shall remain in effect until the minor reaches eighteen (18) years of age or is no longer active with the Bakersfield Police Activities League (BPAL), whichever occurs first.

I understand that during participation in the Bakersfield Police Activities League program, photographs and/or video recordings of my child may be taken by BPAL, its producers, sponsors, organizers, or assigns. I grant permission for such photographs, video, or other reproductions to be used without compensation for any lawful purpose deemed appropriate by BPAL and its affiliates.

I give permission for the above-named child to participate in the Bakersfield Police Activities League program. I/We, the undersigned, hereby release and discharge the Bakersfield Police

Activities League, the City of Bakersfield, its Mayor, City Council, and all agents, employees, managers, coaches, team parents, and representatives from any and all actions, causes of action, claims, damages, or demands, whether in law or equity, of any kind or nature.

This release includes any claims resulting from injury, whether civil or criminal, that I/we or our successors, assigns, heirs, executors, or administrators may have now or in the future, arising from participation in the program or use of BPAL facilities or equipment. This includes all claims, whether known or unknown, suspected or unsuspected.

Summer Camp Rules:

- 1) All participants must check in
- 2) Participants must sign in by 12:30 pm (**The doors will be locked until the duration of camp**)
- 3) Camp hours are from 12:00 pm – 4:00 pm
- 4) **Parents must pick up their child on time or further action will be taken**
- 5) No open toe shoes, sagging pants, or revealing clothes of any type
- 6) Absolutely no fighting, tagging, or profanity allowed
- 7) No weapons of any kind, drugs, alcohol, and/or tobacco allowed at any time.
- 8) No types of electronic devices are allowed. BPAL and staff will not be responsible for lost or stolen items. **If campers take a cell phone out during program hours; it will be confiscated by staff and held at the front desk until the end of the day.**
- 9) Participation in activities is mandatory (**Your child will be sent home if they do not participate.**)

I understand attendance at BPAL activities is strictly voluntary, and after youth have been given admittance, we use our best efforts to provide a safe atmosphere, but we are not responsible for BPAL members who choose to then leave the facility, or after a given days' programming has ended.

I/We the parents of _____, agree to the BPAL requirements of the Day Camp, and also understand the BPAL staff has the right to remove my child/children from the camp if his/her behavior causes a problem to program, other participants, and or staff; Also, I/We the parents agree to pick up our child if needed before the end of the Day Camp in a timely matter.

PARENT SIGNATURE

DATE _____

PRINT NAME

Office Use Only:	
Date Paid: _____	Receipt Number: _____
Type of Payment: _____	