



# Napa Sheriff's Activities League

1535 Airport Blvd., Napa, CA 94559 (707) 224-5005



## WRESTLING PROGRAM MEMBERSHIP APPLICATION

Name (First, Middle, Last) \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Emergency Contact Name (Non-parent) \_\_\_\_\_ Emergency Contact Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Gender (Male/Female) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Medical Problems/Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Physician \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Preferred Hospital or Clinic \_\_\_\_\_ Hospital Phone \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Insurance Policy Number \_\_\_\_\_

### PHOTOGRAPHIC RELEASE

I, the parent or legal guardian of the child listed above, do hereby authorize and consent that the photographs taken of him/her by a representative of the Napa Sheriff's Activities League or California Police Activities League, including negatives or prints, and or motion pictures, video, or any reproduction of the same, may be used by the Napa S.A.L. or California Police Activities or by others with the consent of Napa S.A.L. or California P.A.L. for the purpose of illustration or publication in any manner which they deem proper. I hereby also grant permission to use my child's name in connection with any and all such photographs.

### AUTHORIZATION TO TREAT A MINOR

I, the parent or legal guardian of the child listed above, do hereby authorize and consent to any X-ray examination, anesthetic, medical, or surgical treatment rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital or emergency care facility holding a current license to operate a hospital or emergency care facility from the State of California Department of Public Health. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable for my child. Further, I understand my child will be participating in inherently dangerous activities and agree to pay for my child's medical expenses. I understand that all effort shall be made to contact me prior to rendering treatment to my child, but any of the above treatment will not be withheld if I cannot be reached. This authorization is given pursuant to the provisions of the California Civil Code.

### RELEASE FROM LIABILITY

In consideration of the acceptance of the application of my child, as a participant in any programs and/or activities of the Napa Sheriff's Activities League, I and my child hereby agree to assume all risks attendant upon myself and my child while participating in any Napa Sheriff's Activities League programs and/or activities. I and my child hereby waive, release, and discharge any and all claims for damages for death, personal injury, or property damage which I or my child may have, or which may hereafter accrue to me or my child, as a result of my child's participation in the Napa Sheriff's Activities League program or activity. I agree to indemnify and hold harmless from liability the Napa Sheriff's Activities League, its agents, servants, officers, or employees by reason of any accident, death, injury, or damages, to persons or property which I or my child may suffer while participating in the Napa Sheriff's Activities League program and/or activity. This release is intended to discharge in advance the Napa Sheriff's Activities League, its agents, servants, officers, or employees by reason of any accident, death, injury or damages to persons or property which I or my child may suffer, from and against any and all liability arising out of or connected in any way with my or my child's participation in the Napa Sheriff's Activities League program and/or activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns, and the heirs and assigns of my child. I agree to assume all responsibility for any property damage or injury to any person caused by me or my child while participating in the Napa Sheriff's Activities League program and/or activity.

I have read, understand and approve the **AUTHORIZATION TO TREAT A MINOR** (with any restrictions I may have listed above), **RELEASE FROM LIABILITY** and **PHOTOGRAPHIC RELEASE**.

X \_\_\_\_\_  
PRINT NAME OF PARTICIPATING CHILD

X \_\_\_\_\_  
PRINT NAME OF PARENT

X \_\_\_\_\_  
SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

## FITNESS CENTER PROGRAM RULES AND POLICIES

- Initial • **Prior to any use of the fitness center, participants must complete this program application.**
- Initial • Rules and policies may be changed without notice. Program participants are responsible to know any updates or additions to S.A.L. rules and policies. A copy of the most updated version will be posted at the fitness center.
- Initial • Applicants may be between the ages of **12 to 18**, and must show proof of enrollment in school.
- Initial • Applicants must complete an orientation with one of S.A.L.'s personal trainers prior to using the facilities.
- Initial • Program orientations will occur each Friday at 3:00 and 5:00 p.m.
- Initial • Hours of operation are 2:00 p.m. to 7:00 p.m., Monday – Friday. Fitness Center members may not be anywhere on the grounds of Napa State Hospital outside of our operating hours. **All participants will be required to leave the grounds of Napa State Hospital no later than 7:00 p.m. Children remaining at the facility after 7:00 p.m. will be understood to have parent permission to leave the grounds, unsupervised.**
- Initial • Attendance will be limited to no more than two hours per day. Those remaining longer than two hours will be asked to leave the State Hospital grounds, unsupervised.
- Initial • Napa State Hospital is not open to the public. Fitness Center members are only allowed upon the grounds while travelling to and from the facility, or while inside the facility. Loitering outside the facility is prohibited.
- Initial • Members riding bicycles to the fitness center must wear a bicycle helmet. Those members arriving on bicycles without helmets will be suspended from the program.
- Initial • Fitness Center members must wear an ID card **at all times**. There will be a \$5.00 replacement charge for lost cards.
- Initial • Fitness Center members must be working out or doing homework at all times. Those not participating will be suspended from the program.
- Initial • The ping-pong and foosball tables will only be available to those members completing an approved one-hour workout.
- Initial • The homework rooms will be limited to 1-2 students at a time. Those wishing to use the homework rooms must first request permission from staff.
- Initial • **Food and gum are prohibited.**
- Initial • All drinks must be kept in a sealed, plastic, water-bottle-type container.
- Initial • Fitness Center members must wear appropriate workout attire, with no midriff or undergarments exposed. Athletic shoes, t-shirts, shorts, and sweats are acceptable. Open-toed shoes, jeans, slacks, belts, clothing indicating gang involvement, and clothing promoting drug, alcohol, or tobacco use are prohibited.
- Initial • Observe weight room etiquette and demonstrate courtesy toward others at all times.
- Initial • Always allow others to work in with you if you are both using the same machine.
- Initial • Members involved in horseplay, using offensive language, or displaying any unacceptable behavior will be suspended from the program.
- Initial • No spitting on the floor.
- Initial • Show respect for the equipment at all times. Staff is available to explain any questions of proper equipment use.
- Initial • Do not drop weights on the floor.
- Initial • Restack weights after each use.
- Initial • Participants will not be allowed to use facility telephones. **Please arrange pick-up times with your child prior to leaving them at the facility.** A payphone is available at nearby 7-11.

**I have read, initialed, understand, and approve the rules and policies of the Sheriff's Activities League Fitness Center Program.**

**X** \_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

**X** \_\_\_\_\_  
**SIGNATURE OF PARTICIPANT'S PARENT/GUARDIAN**

\_\_\_\_\_  
**DATE**