



Application Packet

Instructions

- **Type or use black ink to complete each form**
- Complete Cadet Application
- Complete BPAL Membership Form
- Provide a copy of the youth's proof of age
 - (Birth Certificate, Insurance Card, or School Attendance Document)
- ***Return ALL items to the Bakersfield Police Activities League Office 301 E 4th Street Bakersfield, CA 93307 by Friday, April 1, 2022 at 4:00p.m.***
- **The Physicians Statement is due before sessions begin:**
 - **Junior Cadets: 11-13 yrs. Session Begins June 13th 8:00AM-12:00PM**
 - **Senior Cadets: 14-17 yrs. Session Begins July 18th 8:00-AM-12:00PM**
- **Enrollment is restricted to 50 recruits per location**

The Bakersfield Junior Police Academy is a program conducted at the Bakersfield Police Activities League (BPAL), a local non-profit organization serving the Bakersfield and Kern County area since 1994. Each Cadet is required to become a member of the organization. This program and the BPAL membership is free to all who wish to participate.





BAKERSFIELD JUNIOR POLICE ACADEMY CADET APPLICATION



Name _____ Date _____
First Middle Last

Address _____
Street Name & Number Apt. # City

Address _____ Date of Birth _____ Age _____
State Zip Code Month/Day/Year

School _____ Grade _____

_____ Phone #1 _____ Phone #2 _____
Mother/Guardian select one: cell/home/work select one: cell/home/work

_____ Phone #1 _____ Phone #2 _____
Father/Guardian select one: cell/home/work select one: cell/home/work

_____ Phone # _____ Relation _____
Emergency Contact Name select one: cell/home/work

1. Have you attended the Bakersfield Junior Police Academy in the past? Yes / No
a. If so, what year(s)? _____

2. Have you ever been arrested? Yes / No
a. If yes, what were the charges?

3. Have you ever been expelled from school? Yes / No
a. If yes, what were you expelled for?

4. Do you have any medical conditions that may prohibit you from any physical activities? Yes / No
a. If yes, what is the medical condition?

5. List any other reason(s) that may hinder you from being able to participate in any activities during the course of this academy.

Please select one age group AND which site you will like to attend.

Junior Cadets: 11-13 yrs. June 13 th -July 8 th	Senior Cadets: 14-17 yrs. July 18 th -August 12 th
<input type="checkbox"/> PAL Center, 301 E. 4 th St.	<input type="checkbox"/> PAL Center, 301 E. 4 th St.
<input type="checkbox"/> Freedom Middle School 11445 Noriega Rd. 93312	<input type="checkbox"/> Freedom Middle School 11445 Noriega Rd. 93312
<input type="checkbox"/> No Preference	<input type="checkbox"/> No Preference

Pant (Waist) Size: _____ Shirt Size: _____

Signature _____ Signature _____
Applicant Parent/Guardian

OFFICE USE ONLY			
<input type="checkbox"/> Cadet Application	<input type="checkbox"/> BPAL Membership	<input type="checkbox"/> Physical Form	Date Rec.



Member Information Form

301 E. 4th Street
Bakersfield, CA 93307
Phone: (661) 283-8880
Fax: (661) 748-1570

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 this information is both appreciated and necessary.

Child Information *(Please Print)*

First Name:

Middle Name:

Last Name:

Nick Name:

Birth Date:

 / /

Authorized to walk home:

 Yes / No

Gender:

 Male
 Female

Ethnicity:

 American Indian or Alaskan Native Asian/Pacific Islander
 Hispanic/Latino African American/Black White

Free Reduced Lunch:

 Yes
 No

School:

Grade:

Family Information *(Please Print)*

Parent/Guardian

First Name:

Last Name:

Relationship:

Family Yearly Income:

 \$5,000-\$9,300
 \$9,301-\$10,900
 \$10,900-\$12,100
 \$12,100-\$13,050
 \$13,050-\$14,000
 \$14,000-\$15,000
 \$15,000-\$15,900
 \$15,900-\$20,000
 \$20,150-\$23,350
 \$23,500-\$26,600
 \$26,000 +

Address:

 Home Work

(City)

(State)

(Zip Code)

Phone Number:

 () -

Phone Type:

 () - Home
 Work Cell

Email:

Special Information: (Required):

Does the participant require special needs/disability accommodation for this program? Yes/No

Does the participant require schedule mediation? Yes/No

Does the participant have allergies? Yes/No

Member Medical Information (*Please Print*)

Medications:

Medical Problems/Allergies:

Sibling (Please Print): **Only list sibling(s) who will participate in Junior Police Academy.**

First Name:

Last Name:

Birth Date:

Authorized to walk home:

Gender:

 Male
 Female

Ethnicity:

 American Indian or Alaskan Native Asian/Pacific Islander
 Hispanic/Latino African American/Black White

Free Reduced Lunch:

 Yes No

School:

Grade:

Sibling (Please Print)

First Name:

Last Name:

Birth Date:

Authorized to walk home:

Gender:

 Male
 Female

Ethnicity:

 American Indian or Alaskan Native Asian/Pacific Islander
 Hispanic/Latino African American/Black White

Free Reduced Lunch:

 Yes No

School:

Grade:

Sibling (Please Print)

First Name:

Last Name:

Birth Date:

Authorized to walk home:

Gender:

 Male
 Female

Ethnicity:

 American Indian or Alaskan Native Asian/Pacific Islander
 Hispanic/Latino African American/Black White

Free Reduced Lunch:

 Yes No

School:

Grade:

Sibling (Please Print)

First Name:

Last Name:

Birth Date:

Authorized to walk home:

Gender:

 Male
 Female

Ethnicity:

 American Indian or Alaskan Native Asian/Pacific Islander
 Hispanic/Latino African American/Black White

Free Reduced Lunch:

 Yes No

School:

Grade:

Sibling (Please Print)

First Name:

Last Name:

Birth Date:

Authorized to walk home:

Gender:

 Male
 Female

Ethnicity:

 American Indian or Alaskan Native Asian/Pacific Islander
 Hispanic/Latino African American/Black White

Free Reduced Lunch:

 Yes No

School:

Grade:

Sibling (Please Print)

First Name:

Last Name:

Birth Date:

Authorized to walk home:

Gender:

 Male
 Female

Ethnicity:

 American Indian or Alaskan Native Asian/Pacific Islander
 Hispanic/Latino African American/Black White

Free Reduced Lunch:

 Yes No

School:

Grade:

Emergency Contacts (Please Print)

Two people who are emergency contacts

1.

() -

Parent
 Guardian

2.

() -

Parent
 Guardian

I have read the completed application, understand the rules of the BPAL and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter and agree that BPAL will not be responsible for any accident to the boy/girl while on the BPAL premises or while engaged in any of its activities away from the BPAL.

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 understand that during the BPAL program and/or activity, my photograph and/or the photograph of my child may be taken by the BPAL, producers, sponsors, organizer, and/or assigns. I agree that my photograph and/or the photograph of my child, including video photography, film photography, or other reproduction of my likeness or the likeness of my child, may be used without charge to the BPAL, producers, sponsors, organizer, and/or it's assigns for such purposed as they deem appropriate.

I give my consent that if I cannot provide transportation to and from games, practices, or related BPAL activities; I authorize the manager and/or coaches, team parents and all agents of BPAL, to provide transportation of the above-mentioned minor to games, practices, or related BPAL activities. I also waive and release any and all rights and claims for damages against the managers, coaches, team parents and Bakersfield Police Activities League, Bakersfield Police Department, City of Bakersfield, its' Mayor, Council, officers, agents and employees for any and all injuries suffered by the above-mentioned minor in any automotive accident involving the transportation to and from games, practices or related activities.

This is a legal and binding document which authorizes hospital and/or medical treatment in the event of an injury to your child due to an accident and parent(s) or guardian(s) are unable to be located for their permission. This original form will be retained by the managers, coaches, or team parents and will be presented as a legal document if needed for your child's treatment. I, the undersigned parent/guardian of _____ a minor, do hereby consent to any x-ray examination, medical treatment or hospital/medical treatment at my expense which is deemed advisable and is to be rendered under the general or special supervision of any physician/practitioner of any licensed hospital. This authorization shall remain in effect until the minor reaches the age of eighteen years old or is no longer active with the BPAL.

Parent or Guardian Signature

Date

Bakersfield PAL

Rules of Conduct

1. No weapons (guns, knives, sharp objects, etc.) allowed at any time.
2. No drugs, alcohol, and/or tobacco allowed at any time. (Any medication needed by a BPAL member must be cleared by office staff).
3. Absolutely NO FIGHTING allowed.
4. Destruction or vandalism of BPAL and/or BPAL members' property will not be tolerated.
5. Theft of any kind from BPAL staff, members, or facility will not be tolerated.

Any violation of rules 1-5 will result in an automatic suspension; and may result in an expulsion and/or law enforcement arrest.

6. All BPAL members shall respect the BPAL staff, Police Officers, facility, and guests at all times.
7. No gang affiliated clothing, hand signs, speech, music, etc. allowed.
8. Profanity will not be tolerated.
9. The use of racial slurs or derogatory speech regarding race, religion, gender, etc. will not be tolerated.
10. No "sagging" or revealing clothing permitted; all clothing is to be worn as originally intended. Shirts, pants, and shoes/sandals are to be worn at all times.
11. No food or drinks allowed in the gymnasium, tutorial room or game room.
12. No hanging on the basketball rims
13. All BPAL equipment is to be used as intended.
14. No BPAL members allowed in any room unattended.

Any violation of rules 6-14 may result in suspension or expulsion.

The establishment and enforcement of the Rules of Conduct is necessary to ensure that the Bakersfield Police Activities League Center is able to provide a safe environment for the youth of our community. We strive to promote a facility that emphasizes the importance of educational learning, healthy physical activities, and positive interactions between local youth, law enforcement, and the community. The BPAL Center is a private organization that reserves the right to refuse access to the facility and its programs to anyone who fails to comply with the Rules of Conduct. 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.

By signing this form, I hereby certify that I have read and understood the above conditions that a BPAL member & Parent/Guardian must follow. I do certify I am knowledgably aware of the consequences if any of the above rules are violated.

_____	_____	_____	_____
Member Signature	Date	Member Signature	Date
_____	_____	_____	_____
Member Signature	Date	Member Signature	Date
_____	_____	_____	_____
Member Signature	Date	Member Signature	Date
_____	_____		
Parent/Guardian Signature	Date		



Bakersfield Police Activities League

301 E. 4th Street
Bakersfield, CA 93307
Phone: (661) 283-8880
Fax: (661) 748-1570
www.bakersfieldpal.org

The Bakersfield Police Activities League (BPAL) will be opened Monday – Thursday 2:00pm – 5:00pm for the After School Program. **The children will NOT be allowed to leave before 5:00pm unless they are picked up by a parent/guardian.** All parents/guardians must sign their child out on a daily basis unless authorized on their membership form to walk home at the end of the program.

The children must sign in daily through the front office. The parent/guardian must check out their child/children out on a daily basis.

By signing this form, I hereby certify that I have read and understood the above conditions that a BPAL Member & Parent/Guardian must follow.

Parent/Guardian Print Name

Parent/Guardian Signature



BAKERSFIELD JUNIOR POLICE ACADEMY PHYSICIAN FORM



This certifies that _____
Patient Name

has completed a basic physical on _____
Date

and is cleared to participate in physical activity.

Blood Pressure: _____ Pulse: _____

Respiration: _____ Height: _____ Weight: _____

Physicians Name: _____

Physicians Signature _____

Physicians Address: _____

Physicians Comments: _____

Bakersfield City School District Students

Free physicals provided by the Wellness Center for BCSD students only.
To schedule an appointment please call the Wellness Center.

4th Street Wellness Center: 661-631-3205

South Chester Wellness Center: 661-632-3203.