



City of Dunn Police Athletic/Activities League
610 East Johnson St. / Post Office Box 1065 Dunn, N.C. 28335
Office 910-892-1873 / Fax 910-892-9962 www.dunnpal.org / www.kmixradio.com
FILLING PLAYGROUNDS, NOT PRISON'S

DPAL YOUTH PARTICIPATION APPLICATION

Filling Playgrounds, Not Prison's



Saving Youth, Helping Families

Organization and Purpose

The Dunn Police Athletic/Activities League is operated by the Dunn Police Department under the Juvenile Services Division of Community Oriented Policing. The governing organization office and Director of Dunn PAL is located at 610 East Johnson Street in Dunn, N.C. Dunn PAL has been in existence since 1995 and has an active Advisory Board that assists in funding through contributions and fundraisers. Dunn PAL activities are mainly funded through donations and fundraisers. PAL is a chartered member of the National Police Athletic/Activities League in Florida (www.nationalpal.org). Dunn PAL is also chartered with the N.C. Amateur Athletic Union (NCAAU), USA Boxing and the United States Junior Tennis Association.

The purpose of Dunn PAL is to offer youth an alternative to life on the streets and offer athletic and educational opportunities to keep them off the streets and out of trouble. Dunn PAL was formed to establish trust between Law Enforcement, Citizens and the Youth. To provide a Safe Haven Center and provide an alternative means of enjoyment and activities other than hanging out on the streets. Promote good clean fun, teamwork, responsibility, self respect and problem solving.

PAL is for youth, which are in public school ages 5-18 and grades 4-12. PAL offers both athletic and non-athletic activities for boys and girls and is not limited to sex, race or ethnic background. Any youth can participate who can follow the PAL participation criteria. PARENTS are definitely invited to participate and volunteer as coaches, spectators, mentors or anything else PAL has available. There is always something to do !!!!!

APPLICATION INSTRUCTIONS

1. Complete all information in this package. All parent/guardian signatures must be signed by the legal parent/guardian (required). No youth can participate unless all information is filled out and accurate.
2. Provide at least two (2) emergency contact numbers.
3. If any medical problems: bring letter of release from your doctor, complete medical history, list all medications taken and currently taking.
4. Attach a copy of your certified birth certificate or Certificate of Live Birth to this application. Your application will not be accepted and/or processed without all above mentioned items completed.
5. Return this application and all attachments to the PAL Office to be accepted and filed.
6. Effective August 1, 2006 – PAL ID Required. PAL ID Cards cost \$1 for 1st, \$5 2nd and \$10 after

COPS, KIDS and the COMMUNITY WORKING TOGETHER!!

Director Lt. R. W. Rowland
Advisory Board

Executive Director - Chief of Police B. P. Jones
President – Bryan Galbreath Vice President – Kareen Teasley Secretary – Millicent Massey Treasurer – Donnie Olds



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DUNN PAL PARTICIPATION CRITERIA

Each Member (youth) of Dunn PAL is expected to keep high standards for themselves, and be held accountable for their own actions both in the classroom and in the public. No member of Dunn PAL shall consistently continue to get in trouble both at school and at home and stay in the program! Those person's that constantly get in trouble do not wish to better themselves, nor do they wish other person's to do the same.

Dunn PAL works off of a progress chart in that each member will strive to do better than they did earlier. Those who do not will have the option of attending classes to get them back on track or be placed on suspension or termination from Dunn PAL.

Dunn PAL strongly supports education and good grades before athletics. Before you can reach your athletic goal you must first reach the academic goal !!!!

The following is Dunn PAL's participation criteria:

1. Maintaining a minimum of a "C" letter grade average or a 75% numeral grade average in every subject course while attending school. Anyone under a "C" or 75% average must attend PAL's Tutoring program and/or the schools tutoring program. School Progress Reports will be used.
2. PAL Member is not to continuously get in trouble at school.
3. If any PAL Member is arrested he/she must notify the PAL Director immediately of the charge and the severity. If convicted of the charge he/she may face disciplinary action. If convicted the second time the member will be placed on suspension and/or terminated for the offense. If member is arrested for a third or subsequent charge the member will be terminated immediately.
4. If any PAL Member is suspended from school in which he/she attends, the member is suspended from Dunn PAL the same amount of time. For second and subsequent suspensions from school in a year, the member will be suspended and/or terminated for an extended period to be determined by the PAL Director.
5. Any PAL Member placed in In School Suspension (ISS) more than twice will be under disciplinary status with Dunn PAL. Disciplinary status can be a variety of things such as suspension, community service and other things at the direction of the PAL Director.
6. Any PAL Member who is arrested for violations of local, state or federal laws other than drug violations will be considered under the PAL Disciplinary Status and will be required to attend other means of discipline such as psychiatric treatments, counseling sessions, peer mediation classes etc. imposed on the member before returning to PAL and may be ordered to attend such classes while participating in PAL.
7. All terminations from Dunn PAL will be for a period no less than 12 months from the date of termination. PAL Member must re-apply to Dunn PAL for admission and be approved to participate in Dunn PAL.
8. Anyone who graduates from high school will not be eligible to participate once he/she graduates. Anyone who drops out of school will not be allowed to participate. Anyone who enrolls in an approved High School Diploma Program at a community college and presents a letter of enrollment and is age 18 or younger can participate under the same guidelines as above. Community College students must attend every class. Community College students who miss two consecutive classes will be considered a drop out and automatically terminated from Dunn PAL.

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DRUG/ALCOHOL POLICY
PAL MEMBERS
EFFECTIVE OCTOBER 7, 2002

Definitions:

PAL Members – Any youth between the ages of 5 and 19 years old who are enrolled in the Dunn Police Athletic/Activities League. Must be enrolled and attending an accredited educational school in grades K-12.

Drug/Alcohol – Any intoxicating beverage and/or any illegal Controlled Substance which the State of North Carolina or the Federal Government has declared as being Illegal under the General Statutes of North Carolina and the United States code.

Consume/Digest – Refers to anything taken orally and/or intravenously into the human body.

Possess/Possession – Refers to the actual holding and/or on the person of any individual and/or any item that is in the control of any individual.

Intoxication and/or Under the Influence – Physical or mental impairment of one's faculties due to the effects of alcohol and/or controlled substances (drugs) to such a degree as to reduce the capability of an individual to exercise rational judgment or discharge their assigned obligations.

Positive Alcohol Test – The presence of alcohol in an individual's system at a level that registers on a qualified alcohol instrument conducted by the City of Dunn Police Department. Any amount of alcohol that registers on a qualified instrument is in violation of local, state and federal law for being under the legal age for the consumption of alcohol.

Positive Controlled Substance Test – A positive finding on an approved portable testing device/kit which is approved by the Dunn Police Athletic/Activities League. A positive laboratory finding of the presence of a drug or a metabolite thereof, in an individual's urine and/or blood at levels prohibited by the Substance Abuse and Mental Health Services Administration (SAMHSA) or, for those drugs not subject to SAMHSA guidelines, at the levels prohibited by the Dunn Police Athletic/Activities League and/or the City of Dunn. All "positive" controlled substance tests shall be confirmed by a different technology than used in the initial test.

Random Testing – This is an unannounced drug test given to a predetermined percentage of PAL Members. These PAL Members are selected in a statistically sound random selection process from a pool of all eligible PAL Members.

Reasonable Suspicion – The belief that one is using or has used drugs and/or alcohol in violation of the Dunn Police Athletic/Activities League policy. This belief shall be based upon specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors of the person suspected. The observations must be made by a trained supervisor. By way of illustration, and not limitation, the following, either singularly, or in combination, may constitute reasonable suspicion:

- (1) Direct observation of drug and/or alcohol use or possession;
- (2) Physical symptoms or manifestations of being under the influence of drugs and/or alcohol including, but not limited to slurred speech, odor on the breath, incoherence, or loss of coordination, etc.
- (3) Extreme behavior including verbal or physical altercations with others;
- (4) Evidence that a PAL Member may have tampered with a specimen;
- (5) Verifiable information from others based upon their observations.

Reasonable Suspicion Testing – Testing of a PAL Member based on abnormal actions sufficient to cause reasonable suspicion that he/she has violated this policy. Supervisors must document reasonable suspicion either within 24 hours of the event giving rise to the reasonable suspicion, or, prior to actually receiving drug-testing results.

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Purpose

The purpose of initiating a Zero Drug and Alcohol Policy is to ensure and enforce a Drug and Alcohol Free PAL Center and Drug and Alcohol Free Youth. This section of PAL Rules and Regulations is not intended to implicate and accuse, but is to ensure and enforce PAL's Zero tolerance of Drug and Alcohol use.

This policy and governing rules is to educate both the youth and Parents of Drug and Alcohol use and the consequences of its use here at PAL.

General Policy

It is hereby declared the General Policy of the Dunn Police Athletic/Activities League:

To maintain a play and education facility to be free of alcohol and substance abuse and to take whatever actions are reasonably necessary to insure that this policy is achieved and that those subject to it are aware of and comply with the requirements herein.

To provide PAL Members with an Assistance Program with access to counseling for a limited amount of visits. That conduct by PAL Members in contravention of this policy is unacceptable and declared to be "detrimental personal conduct" and shall be cause for disciplinary action up to including dismissal from PAL without prior warning. Whenever appropriate, PAL Members who are substance abusers will be encouraged to seek rehabilitation.

Specific Responsibility of PAL Members

It is hereby declared the policy of the Dunn Police Athletic/Activities League that PAL Members shall:

1. Not unlawfully use, possess, manufacture, distribute, dispense or sell controlled substances as defined in the North Carolina General Statutes.
2. Not possess or use, or have the odor of alcohol on their breath or person while enrolled in the Dunn Police Athletic/Activities League. By North Carolina State Law, a person MUST be 21 years of age to possess, consume and/or purchase any alcohol (intoxicating beverage).
3. Submit immediately to reasonable requests for testing when requested by a responsible Supervisor, Coach, Parent and/or PAL Staff Member or other authorized Dunn Police Athletic/Activities League representative. Refusal shall be cause for disciplinary action up to and including dismissal from PAL for at least 12 months or longer.
4. Notify their Supervisor, Coach, Volunteer, Parent and/or PAL Staff Member before beginning any PAL activity when taking any medications or drugs, prescription or non-prescription, which may interfere with the safe and effective performance of such activity.
5. Provide to the PAL Director within 24 hours of request, a current valid prescription for any drug or medication identified when a drug screen/analysis is positive. The Prescription must be in the PAL Members name.
6. Notify the PAL Director and parent/guardian within four days of being charged with or convicted of, a drug or alcohol related offense. The failure to so notify – whether or not a subsequent conviction occurs – and any conviction that may occur shall be grounds for disciplinary action, including dismissal for a period of no less than six (6) months or longer.

Duty To Report To Parent/Guardian

It is the Duty of the Dunn Police Athletic/Activities League to report to the legal parent/guardian of the PAL Member the circumstances of the drug/alcohol violation of this policy.

1. PAL will report to the legal parent/guardian the violation of this policy
2. PAL will report that a drug/alcohol testing is required of the violation.
3. PAL will report any and all findings from all testing results.
4. PAL will report all disciplinary action and/or dismissal to the legal parent/guardian.
5. PAL will report all recommended counseling, testing etc. to the legal parent/guardian.

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Membership Information Form

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.

(1) Head of Household () Please Print

First Name: _____ **Last Name:** _____

Family Income:

_____ \$10,000-20,000 _____ \$20,000-30,000 _____ \$2000-5000 _____ \$30,000-45,000
 _____ \$5000-10,000 _____ over \$45,000 _____ under \$2000

Gender: (circle one) Male / Female

Address: _____ **City** _____ **State** _____

Zip _____ **Phone Number: Home** _____ **Work** _____

E-Mail Address: _____ **E-Mail Type:** _____

Employer: _____

Job Title: _____ **Occupation:** _____

Family Size: _____

.....
(2) Parents / Guardian () Please Print

First Name: _____ **Last Name:** _____

Family Income:

_____ \$10,000-20,000 _____ \$20,000-30,000 _____ \$2000-5000 _____ \$30,000-45,000
 _____ \$5000-10,000 _____ over \$45,000 _____ under \$2000

Gender: Male / Female

Address: _____ **City** _____

State _____ **Zip** _____ **Phone Number: Home** _____

Work _____

E-Mail Address: _____ **E-Mail Type:** _____

Employer: _____

Job Title: _____ **Occupation:** _____

Family Size: _____



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Youth PAL Member Information () Please Print

First Name: _____ **Middle Name:** _____ **Last Name:** _____

Membership Type:

____ Adult ____ Advisory Board ____ College ____ Honorary AD. Board ____ Police Officer
 ____ Staff ____ Volunteer ____ Youth under 14 ____ Youth under 16 ____ Youth under 19

Birth Date: ____/____/____ **Social Security Number:** ____-____-____

Gender: (circle one) Male / Female

Ethnicity: ____African-American ____American Indian ____Caucasian ____Hispanic
 ____Latino

Nick Name: _____

School: _____ **County** _____ **Grade** _____

SIMS # _____ **Pick Up Authorization Password:** _____

Household Type: ____Both Parents ____Foster Parent(1) ____Foster Parents(2)
 ____Group Home ____Guardian ____Single Parent/Guardian

Referring Organization: ____Adult Court ____Angier Police Dept. ____Coats Police Dept.
 ____Cooperative Extension ____DSS ____Dunn Middle School ____Dunn Police Dept.
 ____Erwin Police Dept. ____Harnett Central High School ____Harnett Central Middle School
 ____Harnett County Sheriff's DEpt. ____Harnett Primary School ____Juvenile Services
 ____Lillington Police Dept. ____N.C. Probation Office ____Parent/Guardian ____Triton High School

Check all that apply

____ TANF ____ Food Stamps ____ General Assistance ____ SSDI ____ SSI ____ Veterans Compensation
 ____ Day Care Voucher ____ School Lunch Program ____ Medicaid ____ Can Swim

Address: _____ **City** _____ **State** _____ **Zip** _____

Phone Number Home _____ Work _____

Address Type: (circle one) Home / Work

E-Mail Address: _____ **E-Mail Type:** _____

Pick Up / Emergency Contact Information

Two people authorized to pick up

1.) First Name: _____ **Last Name:** _____

Circle One: Parent / Guardian Emergency Contact Number: _____

Primary Emergency Contact Number: _____ Lives With Member: _____

2.) First Name: _____ **Last Name:** _____

Circle One: Parent / Guardian Emergency Contact Number: _____

Primary Emergency Contact Number: _____ Lives With Member: _____

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Dunn PAL Participation Registration Form

(Please Print)

Date: _____

Full Legal Name: _____

Legal Parent/Guardian(s) : _____

County and State Youth Born: _____

PARENTS/GUARDIAN ALLOW TO PARTICIPATE STATEMENT:

I am the legal parent/guardian of the youth named above, and I understand the Organization Statement and Purpose of the Dunn Police Athletic/Activities League. I further give my permission for my child to participate in Dunn PAL. I agree for my child to attend all PAL related activities and functions as much as possible. I further agree that my child will follow the PAL Participation Criteria and Drug/Alcohol Policy at all times for the duration of this registration. I have made my child aware of the PAL Participation Criteria and Drug/Alcohol Policy and he/she has agreed to follow the rules set out on this registration form.

I further agree to assist the Dunn Police Athletic/Activities League whenever possible with events, fundraisers and Advisory Board Meetings.

I am aware that the Dunn Police Department is the lead organization and the Dunn Police Athletic/Activities League sponsors all activities, and most are free of charge. I agree that I will not hold the Dunn Police Department, Dunn Police Athletic/Activities League, City of Dunn, Volunteers, Staff, Police Officers, PAL Director, members or sponsors responsible for any accident or injury beyond their control.

I am the Parent/Guardian of the above youth, and I have read and understand the above form and read and understand all information contained in the PAL Participation Criteria and Drug/Alcohol Policy and agree to all its contents. I further agree that all the information contained in this application is true and accurate to the best of my knowledge.

(MORE ON BACK)

Parent/Guardian Signature: _____

Date: _____



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MEDICAL RELEASE

This form is to be filled out completely and filed with Dunn PAL before the youth can participate in any activities or go on any trips.

MEDICAL HISTORY

Youth Age: _____ Race: _____ Sex: _____

Is there a known history of:

- A. Birth Deformities? Yes ___ No ___
- B. Known past illness of more than one week's duration? Yes ___ No ___
- C. Medical conditions currently under treatment? Yes ___ No ___
- D. Fractures of other disability? Yes ___ No ___
- E. Any permanent deformity of disability? Yes ___ No ___
- F. Allergy (drugs, food, clothing etc.)? Yes ___ No ___
- G. Mental disorder or convulsions? Yes ___ No ___
- H. Currently Taking Medication? Yes ___ No ___

If any question is answered yes above please explain in detail below. Attach additional sheets if necessary.

MEDICAL RELEASE FORM

I am the legal parent/guardian of the youth applying to the Dunn Police Athletic/Activities League and I have legal custody and control of the youth and I do hereby grant the Dunn Police Athletic/Activities League Director, Staff, Police Officers, Volunteers and Coaches of Dunn, N.C. permission to seek treatment for my child to a hospital or qualified physician in the case of an accident or injury for medical treatment. I give the Dunn Police Athletic/Activities League Director, Staff, Police Officers, Volunteers and Coaches the authority to make emergency medical decisions in my absence and I know that they will contact me at their earliest time and notify me of the emergency with my child. I further agree for my child to be transported to any medical facility for emergency medical treatment.

Signature of Legal Parent/Guardian: _____

Child's Name: _____

Signature of Witness: _____

Date: _____



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PARENT CONSENT FORM

A.) I Hereby grant permission for my child to participate in Dunn PAL.

I specifically authorize the following:

- 1.) Conducting of interviews, tests, grades and questionnaire for student or project evaluation purposes.
- 2.) Release of confidential school information (results of academic or special education testing and grades) as needed.
- 3.) Referral of other agencies for specific services.
- 4.) Publicity activities, including interviews, photos and video taping.
- 5.) Authorization for my child to be transported to field trips, meetings, games and other activities.
- 6.) Participation in services specified in my child's program such as counseling, instruction and enrichment.
- 7.) Emergency medical treatment to be administered at a local hospital or any licensed health practitioner or dentist, in the event of illness, accident or emergency, if I am unable to be reached.

B.) I further state I will not hold Dunn PAL or any other authorized agency liable for such medical treatment in such case of illness, accident or any emergency situation.

C.) To further my child's academic, personal and vocational development, I will participate in at least one parent – Dunn PAL conference per nine weeks.

D.) Indicated below are any specific activities in which I do not wish my child to participate:

** By signing below I agree to all the terms listed in A-E above. **

Signature of Parent/Guardian: _____ Date: _____

Signature of Youth/Child: _____ Date: _____

Home Phone: _____ Work Phone: _____

Emergency Contact Person: _____

Address: _____ City: _____ Phone: _____

Name of Medical Insurance Carrier for youth: _____

Policy/Group Number: _____



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LETTER OF UNDERSTANDING

I am the legal Parent/Guardian of the below named child, I understand and agree to the following arrangements for transportation as it relates to my child's participation in the Dunn Police Athletic/Activities League Program:

1. My child has my permission to be transported from his/her school to the Dunn PAL Center (or other site of activity) by the Harnett County School Bus.
2. On days when my child is participating in PAL Activities, the Harnett County Public School will not transport my child to my home after activities.
3. Following the activities, my child may be transported to my home by members of the Dunn Police Department, Dunn Police Athletic/Activities League or other responsible adults working with the Dunn Police Athletic/Activities League.

Signature of legal Parent/Guardian: _____

Name of Youth/Child: _____

Witness: _____

Date: _____



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DRUG/ALCOHOL TESTING CONSENT FORM

I am the legal Parent/Guardian of _____ who is enrolled as a Dunn Police Athletic/Activities League Member and is _____ years old.

I, the legal parent/guardian, have read the entire Drug/Alcohol Policy of the Dunn Police Athletic/Activities League for PAL Members. I fully understand the policy in its entirety and agree to its contents.

I, the parent/guardian, understand that I will be contacted upon the circumstances that could lead my child to being administered a drug/alcohol test. I further understand that the Dunn Police Athletic/Activities League will utilize a portable Drug/Alcohol Testing Kit and I will be given the results of such test after it is completed. I also understand that all positive results will be sent to a qualified laboratory to be verified and I will be given the results.

I further being the legal Parent/Guardian of _____ do hereby agree to the Drug/Alcohol Policy and fully agree and give permission for the Dunn Police Athletic/Activities League and/or any person and/or organization they designate to perform any and all such drug/alcohol testing on my child as deemed necessary.

I _____ do hereby give permission for my child to be drug/alcohol tested anytime while being enrolled in the Dunn Police Athletic/Activities League.
 Date: _____

I _____ am the PAL Member (youth) of the above parent/guardian. I understand the PAL Drug/Alcohol Policy and agree to its contents and I further give permission to be Drug/Alcohol tested anytime I am requested to do such test. Date: _____

Legal Parent/Guardian Sign: _____

PAL Member (youth) Sign: _____

Witness: _____

Date: _____