



P.A.A.C. 2010



**PARK FOREST
POLICE**

Park Forest Police Athletic and Activities Center

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The Community Policing Unit of the Park Forest Police Department announces the return of the P.A.A.C. Youth Center for the summer of 2010. This program is offered to Park Forest youth ranging in ages from 10 to 15. It is held at Forest Trail Middle School on Monday thru Thursday from June 14, 2010 thru July 29, 2010 and runs from 5:30 PM – 8:30 PM. This year activities will include basketball, flag football, soccer, track and field, baseball/softball, volleyball, and other sports related competitions. Participants should wear athletic attire and footwear daily. Weekly visits to the Aqua Center are included in this program. The PAAC Program focuses on character development while providing a weekly sports theme and mentoring services. All participants will receive a camp T-shirt. Please mark the appropriate size below.

The fee for the program is \$30.00 per person.

The program is supervised by Park Forest Police Officers and adult leaders. **Registered participants are expected to attend every evening and demonstrate proper behavior at all times.** Enrollment is limited to the first 150 applicants. Those registered after that will be placed on a waiting list. Completed forms and fees can be returned to the Police Department located at 200 Lakewood Blvd Park Forest, IL 60466

Name _____ M / F (circle)
 (Last) (First) (Middle)

Date of Birth ____ - ____ - ____ Age: ____ Address _____

Home Phone # _____ Emergency Phone # _____

School attended in 2007-2008/Class Year _____

T-Shirt Size: S M L XL XXL* (circle). (ADULT SIZES)

My son/daughter has my permission to participate in P.A.A.C. and he/she will follow all of the established rules and regulations. I also understand that enrollment is limited to the first 150 participants and my child may be dropped from P.A.A.C. if he/she fails to meet the attendance requirements or behavior policy.

Parent's Signature _____ Date _____

(* Please add \$1 for extended size shirts—XXL)

Office Use Only

Date Received ____ - ____ - ____ Payment : Cash ____ Charge ____ Rec'd by: _____ (initials)

Both sides must be completed.



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EMERGENCY INFORMATION



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Participant's Name: _____

Mother's Name: _____

Emergency Contact #(s) _____

Father's Name: _____

Emergency Contact #(s) _____

Family Physician's Name: _____

Family Physician's # _____

Office Address: _____

City: _____ State: _____ Zip Code: _____

Does your child have ANY health irregularities (Asthma, Allergies, etc)? If yes, list below:

Is your child currently on ANY medication that we should know about? If yes, list below:

In case the Mother and Farther can not be reached during an emergency, I give my permission for Park Forest Police Department to contact:

Name: _____

Relation: _____ Phone # _____

In case of an emergency, I give my permission to have my child treated by an emergency room physician:

YES _____ NO _____

Parent's Signature: _____