

**Barstow Police Department PAL Program
Membership Information Form**



Member Information (please print)

First Name <input style="width:95%;" type="text"/>	Middle Name <input style="width:95%;" type="text"/>	Last Name <input style="width:95%;" type="text"/>
Name of Person(s) Member Lives With <input style="width:95%;" type="text"/>		Home Phone Number <input style="width:95%;" type="text"/>
Home Address <input style="width:95%;" type="text"/>		Zip Code <input style="width:95%;" type="text"/>
Email Address <input style="width:95%;" type="text"/>		

For Office Use Only

Kids Trax ID <input style="width:95%;" type="text"/>
Comments: <input style="width:95%; height: 20px;" type="text"/> <input style="width:95%; height: 20px;" type="text"/> <input style="width:95%; height: 20px;" type="text"/>

Demographic

Gender <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Birthdate <input style="width:95%;" type="text"/>	Age <input style="width:20px;" type="text"/>	Grade <input style="width:20px;" type="text"/>	School <input style="width:95%;" type="text"/>	Ethnicity <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Filipino <input type="checkbox"/> Latino <input type="checkbox"/> Other
Family Totals			Member Before? <input type="checkbox"/> YES <input type="checkbox"/> NO	# of Years <input style="width:20px;" type="text"/>	
Sisters <input style="width:20px;" type="text"/>	Brothers <input style="width:20px;" type="text"/>	Household <input style="width:20px;" type="text"/>			

Contact/Guardian

Mother's First Name <input style="width:95%;" type="text"/>	Mother's Last Name <input style="width:95%;" type="text"/>	Mother's Work Phone & Ext. <input style="width:95%;" type="text"/>
Mother's Employer <input style="width:95%;" type="text"/>		Mother's Occupation <input style="width:95%;" type="text"/>
Father's First Name <input style="width:95%;" type="text"/>	Father's Last Name <input style="width:95%;" type="text"/>	Father's Work Phone & Ext. <input style="width:95%;" type="text"/>
Father's Employer <input style="width:95%;" type="text"/>		Father's Occupation <input style="width:95%;" type="text"/>
Guardian's First Name <input style="width:95%;" type="text"/>	Guardian's Last Name <input style="width:95%;" type="text"/>	Guardian's Work Phone & Ext. <input style="width:95%;" type="text"/>
Guardian's Employer <input style="width:95%;" type="text"/>		Guardian's Occupation <input style="width:95%;" type="text"/>

Medical/Emergency

Medical Problems/Allergies <input style="width:95%; height: 40px;" type="text"/>	Medications <input style="width:95%; height: 40px;" type="text"/>
Physician <input style="width:95%;" type="text"/>	Physician's Phone <input style="width:95%;" type="text"/>
Preferred Hospital or Clinic <input style="width:95%;" type="text"/>	Hospital/Clinic Phone <input style="width:95%;" type="text"/>
Insurance Provider <input style="width:95%;" type="text"/>	Insurance Policy Number <input style="width:95%;" type="text"/>

2024-2025 After School Program

Emergency Contact Information— Names of two or more persons to contact in case of emergency

Name _____	Address _____	Telephone Number _____
Name _____	Address _____	Telephone Number _____
Name _____	Address _____	Telephone Number _____
Name _____	Address _____	Telephone Number _____

Confidential—The following information is necessary for our records and the funding our Organization receives. The answers you provide are completely confidential. Your cooperation in providing this information is both appreciated and necessary.

Annual Family Income	Check all that apply
<input type="checkbox"/> Under \$20,000	<input type="checkbox"/> SSDI
<input type="checkbox"/> \$21,000 - \$25,000	<input type="checkbox"/> SSI
<input type="checkbox"/> \$26,000 - \$30,000	<input type="checkbox"/> TANF
<input type="checkbox"/> \$31,000 - \$35,000	<input type="checkbox"/> Day Care Voucher
<input type="checkbox"/> \$36,000 - \$40,000	<input type="checkbox"/> Food Stamps
<input type="checkbox"/> Over \$40,000	<input type="checkbox"/> General Assistance/AFDC
	<input type="checkbox"/> School Lunch
	<input type="checkbox"/> Vet. Compensation
	<input type="checkbox"/> Other _____

Release of Liability

The Undersigned does hereby consent that my child and/or children may participate in and utilize The Barstow Police Department PAL Center; located at 685 N. 1st Street, Barstow, CA 92311 (hereinafter referred to as "PAL Center"), and that I hereby execute the release of liability and indemnification on my son/daughter's behalf. The undersigned states that said minor child are physically able to participate in activities at the PAL Center recreational facilities. The undersigned further hereby agrees to indemnify and hold PAL Center, its officers, directors, agents, employees, representatives, and volunteers free and harmless from any loss, liability, damages, costs, or expense which may incur as a result of the death or injury or property damages that the undersigned's minor(s) may sustain while participating in said activity(ies). The undersigned further represents that he and/or she is the legal guardian for the minor child and/or children named _____ who will participate in all recreational activities and the facilities at Barstow PAL Center
Parent/Guardian Signature _____ Date _____

Photo Release

I give my consent for my child to have their photo taken while engaging in any PAL Center sanctioned activity. Furthermore, such photos may be utilized to promote The Barstow Police Department PAL programs. I waive any and all monetary compensation that the Center may receive for publicity photos.
Parent/Guardian Signature _____ Date _____

Authorization for Consent for Treatment of a Minor

I/We the undersigned, parents/guardians of _____ do hereby authorize the PAL Center as the agent for the undersigned to consent to any X-ray, examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under general or special supervision for any physician and surgeon licensed under the provisions of the Medicine Practice Act and on the medical stall of any general hospital, whether such a diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is agreed 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 on the part of the aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

Parent/Guardian Signature _____ Date _____

Open Door Policy

As defined by the State of California, Department of Social Services, Community Care Licensing Division, we are required to maintain an open door policy which allows our members to arrive and leave the facility at their own leisure. We are not a licensed day care center, but a private recreation program. We are responsible for the safe and proper use of the facility and equipment and obligated to create environment in which our participants behave appropriately. It is a parents desired that their child remain at the Barstow PAL Center facility until picked up by a designated person, the responsibility for this lies solely with the parent and child. Barstow PAL and staff will NOT be held liable should any child leave the premises without permission. Please contact the Program Director with question.

I have read and understand the Open Door Policy for the Barstow Police Activities League. All Fees paid are non-refundable and non-transferable.

Parent/Guardian Signature _____ Date _____