



MEMBERSHIP APPLICATION

Police Athletic League

WEST P.A.L.
1401 W. 9TH STREET
LONG BEACH, CA 90813
P: (562) 570-1383

NORTH P.A.L.
2311 E. SOUTH STREET
LONG BEACH, CA 90805
P: (562) 570-8038
F: (562) 570-8041

EAST P.A.L.
1205 FREEMAN AVENUE
LONG BEACH, CA 90815
P: (562) 570-1663

ID #	
REC.	
EXP	

<input checked="" type="checkbox"/>	\$	AMT.

"COPS AND KIDS WORKING TOGETHER FOR A BETTER COMMUNITY"

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.

P H O T O

MEMBER INFORMATION (please print)

FIRST NAME		MIDDLE NAME		LAST NAME	
BIRTH DATE		<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	NICK NAME	

ADDRESS	CITY	ZIP CODE

PHONE	EMAIL ADDRESS
()	

SCHOOL:

SCHOOL:	GRADE:

REFERRING ORGANIZATION:

<input type="checkbox"/> COURT	<input type="checkbox"/> CPS	<input type="checkbox"/> FRIEND
<input type="checkbox"/> OFFICER	<input type="checkbox"/> PROBATION	<input type="checkbox"/> PROGRAM RENEWAL

CHECK ALL THAT APPLY:
<input type="checkbox"/> TANF
<input type="checkbox"/> FOOD STAMPS
<input type="checkbox"/> GENERAL ASSISTANCE
<input type="checkbox"/> SSDI
<input type="checkbox"/> SSI
<input type="checkbox"/> VETERANS COMP.
<input type="checkbox"/> DAY CARE VOUCHER
<input type="checkbox"/> SCHOOL LUNCH
<input type="checkbox"/> MEDICAID
<input type="checkbox"/> CAN SWIM

ETHNICITY:

<input type="checkbox"/> AFRICAN AMERICAN	<input type="checkbox"/> ASIAN	<input type="checkbox"/> HISPANIC	<input type="checkbox"/> PACIFIC ISLANDER
<input type="checkbox"/> NATIVE AMERICAN	<input type="checkbox"/> BI-RACIAL	<input type="checkbox"/> CAUCASION	<input type="checkbox"/> OTHER:

FAMILY SETTING:

<input type="checkbox"/> TWO PARENT HOME	<input type="checkbox"/> GRANDPARENT	<input type="checkbox"/> FOSTER CARE
<input type="checkbox"/> SINGLE PARENT HOME	<input type="checkbox"/> GUARDIAN	<input type="checkbox"/> WARD OF THE COURT

PICK-UP INFORMATION:

PLEASE PROVIDE THE NAMES OF TWO PEOPLE WHO ARE AUTHORIZED TO PICK-UP YOUR CHILD IN YOUR ABSENCE:		
1) FIRST NAME:	LAST NAME:	PASSWORD:
2) FIRST NAME:	LAST NAME:	PASSWORD:

MEDICATION INFORMATION:

Insurance company:	Policy number:
Medical problems/allergies/disabilities:	
Medications:	
Physician:	Physician phone:
Hospital:	Hospital phone:

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HOUSEHOLD INFORMATION (PLEASE PRINT)

ID #	
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HEAD OF HOUSEHOLD:

FIRST NAME: <input type="checkbox"/> FEMALE	LAST NAME:	<input type="checkbox"/> MALE
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ADDRESS	CITY	ZIP CODE

FAMILY SIZE:

HOME PHONE ()	EMAIL ADDRESS
MOBILE PHONE ()	OTHER PHONE ()

FAMILY INCOME:
<input type="checkbox"/> \$0 – 10,000
<input type="checkbox"/> \$10,001 – \$15,000
<input type="checkbox"/> \$15,001 – \$20,000
<input type="checkbox"/> \$20,001 – \$25,000
<input type="checkbox"/> \$25,001 – \$30,000
<input type="checkbox"/> \$30,001 – \$35,000
<input type="checkbox"/> \$35,001 – \$40,000
<input type="checkbox"/> \$40,001 & UP

EMPLOYER:

EMPLOYER:
JOB TITLE:
OCCUPATION:
WORK PHONE:

PARENT / GUARDIAN:

FIRST NAME: <input type="checkbox"/> FEMALE	LAST NAME:	<input type="checkbox"/> MALE
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ADDRESS <input type="checkbox"/> SAME	CITY	ZIP CODE

PHONE ()

EMPLOYER:

EMPLOYER:	JOB TITLE:
OCCUPATION:	WORK PHONE: ()

PLEASE READ!!!

P.A.L. Rules signed. Witnessed by Detective: _____
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I have read the completed application, understand the rules of the Long Beach Police Athletic League and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter and agree that the Long Beach Police Athletic League will not be responsible for any accident to the child while on the Long Beach Police Athletic League premises or while engaged in any of its activities away from any of the Long Beach Police Athletic League facilities. I give my consent for photographs, in which my child may appear, to be used in any way the Long Beach Police Athletic League may care to use them.

Parent / Guardian signature

Applicant's signature

Today's date