Pasadena PAL

MEMBERSHIP INFORMATION

207 N. GARFIELD AVE
PASADENA, CA 91101
626 744-4550
FAX 626 744-4700

"TO ENCOURAGE PASADENA AREA YOUTH TO BE GOOD CITIZENS."

APPLICANT INFORMATION		
Name of member: *(Last, first Middle)*		
Date of birth:	Gender:	Phone:
Current address:		
City:	State:	ZIP Code:
Nick name:	Number of family members:	E-mail:
SSI:	Ethnicity:	School:
Grade:	Password: *(pick up authorization)*	Family Setting: *(Foster, 2 parent, single parent, guardian)*
PARENT OR GUARDIAN INFORMATION		
Parent or Guardian name: *(Last, first Middle)*		
Address:		Gender:
City:	State:	ZIP Code:
Phone: *(Home)*	*(work)*	E-mail:
Employer:	Title:	Occupation:
Family Income:	Other Parent *(or guardian)*	Authorized for Pick up: *(Y) (N)*
SPOUSE OR GUARDIAN		
Name:		
Address: *(If Different from above)*	City: Zip:	Phone:
Current employer:		
Employer address:		
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:		

EMERGENCY CONTACT AND MEDICAL		
Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		
Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		
Insurance Company:	Policy Number:	Doctor:
Doctor's Phone:	Medications:	Medical conditions:
Hospital:	Phone:	
Disabilities:		

REFERRING ORGANIZATION OR PERSON		
Name *(Friend, Relative)*	Address:	Phone:
Organization *(court, probation)*	Address: *(If known)*	Phone:

AUTHORIZED PRIVILEGES & PICK UP	
Authorized to pick up:	Relationship to member: Phone:
Other:	Relationship: Phone:
Can walk Home *(Y) (N)* Leave for Food *(Y) (N)*	Activities room within facility *(Y) (N)*

SIGNATURES	
I have read the completed application, I understand the rules of the Pasadena Police Activities League (also known as Pasadena PAL), and I request that my son/daughter be admitted into membership. I have taken an opportunity to review the rules and regulations with my son/daughter. My son/daughter (member) agrees to adhere to the rules outlined by the Pasadena PAL staff, and realize that violation of said rules could result in the termination of membership. I agree that Pasadena PAL will not be responsible for any accident to my son/daughter (member) while on Pasadena PAL/Salvation Army premises, or while engaged in any PAL activities while away from the PAL facilities. I give my consent for photographs which may depict my son/daughter (member) engaged in PAL activities, to be used by Pasadena PAL in any manner or way that Pasadena PAL may care to use them.	
Signature of parent or guardian:	Date:
Signature of member:	Date:

Confidentiality: Any and all confidential information requested is utilized by Pasadena PAL to seek funding for the organization. The written responses to questions you provide will be kept completely confidential. PAL would like to thank you for your responsiveness to this vital information.

FOR OFFICE USE ONLY

Received Date: _____ Int.: _____ KidTrax Date: _____ Int.: _____
Photo Date: _____ Int.: _____ PAL Characters: _____ Int.: _____

Paid: _____ Rect.#: _____ Int.: _____

MAIL COMPLETED APPLICATOIN TO:

PASADENA POLICE DEPARTMENT
207 N. GARFIELD AVE
PASADENA, CA 91101
ATTENTION: PAL COORDINATOR