



# Police Athletic League Membership Application Form



**Hockessin**  
Phone: (302) 239-8857  
Fax: (302) 239-8865

**Garfield Park**  
Phone: (302) 656-9501  
Fax: (302) 656-9270

**Confidentiality:** Any confidential information requested is for our records and for the funding of our Organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary.

## Membership Information (Child 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"/>
Birth Date: <input style="width: 50%; text-align: center;" type="text"/>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	School: <input style="width: 95%;" type="text"/>
		Grade: <input style="width: 95%;" type="text"/>

## Parents/Guardian Information (Please Print):

First Name: <input style="width: 95%;" type="text"/>	Last Name: <input style="width: 95%;" type="text"/>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
First Name: <input style="width: 95%;" type="text"/>	Last Name: <input style="width: 95%;" type="text"/>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

Address: <input style="width: 95%;" type="text"/> (Line 1)	Address Type: <input type="checkbox"/> Home	
<input style="width: 95%;" type="text"/> (Line 2)	<input type="checkbox"/> Work <input type="checkbox"/> (Other) _____	
<input style="width: 30%;" type="text"/> (City)	<input style="width: 30%;" type="text"/> (State)	
<input style="width: 30%;" type="text"/> (Zip Code)		
Home Phone Number: <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/>	Emergency Phone Number: <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/>	Parent Email Address: <input style="width: 95%;" type="text"/>

## Member Medical Information (Please Print):

Insurance Company: <input style="width: 95%;" type="text"/>	Medications: <input style="width: 95%;" type="text"/>	Medical Problems/Allergies: <input style="width: 95%;" type="text"/>
Insurance Policy Number: <input style="width: 95%;" type="text"/>		

I have read the completed application, understand the rules of the New Castle PAL – Hockessin and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter and agree that the New Castle PAL – Hockessin will not be responsible for any accident to the boy/girl while on the New Castle PAL – Hockessin premises or while engaged in any of its activities away from the New Castle PAL – Hockessin. I give my consent for photographs, in which my son/daughter may appear, to be used in any way the New Castle PAL – Hockessin may care to use them. I certify that my child is in good health and is amiable to normal discipline necessary for a successful group experience. I give my permission for PAL to take my child for short trips on rainy days as part of programs. I/we do hereby, for services rendered, release the Police Athletic League of Delaware, Inc. and its employees and the Board of Directors from any and all liability.

Disclaimer:

The Police Athletic League of Delaware is a non-profit 501 3c Corporation. Consequently in order to receive federal/government regulated funding we REQUIRE ALL information from the above application.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date