



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 type="text"/>	Middle Name: <input type="text"/>	Last Name: <input type="text"/>
Birth Date: <input type="text" value="/"/> / <input type="text" value="/"/>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	School: <input type="text"/>
		Grade: <input type="text"/>

Parents/Guardian Information (Please Print):

First Name: <input type="text"/>	Last Name: <input type="text"/>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
First Name: <input type="text"/>	Last Name: <input type="text"/>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

Address: <input type="text" value="(Line 1)"/>	Address Type: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> (Other) _____	
<input type="text" value="(Line 2)"/>		
<input type="text" value="(City)"/>	<input type="text" value="(State)"/>	<input type="text" value="(Zip Code)"/>

Home Phone Number: <input type="text"/> <input type="text"/> <input type="text"/>	Emergency Phone Number: <input type="text"/> <input type="text"/> <input type="text"/>	Parent Email Address: <input type="text"/>
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Member Medical Information (Please Print):

Insurance Company: <input type="text"/>	Medications: <input type="text"/>	Medical Problems/Allergies: <input type="text"/>
Insurance Policy Number: <input 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