

Watsonville PAL Member Application

OFFICE USE ONLY: PAL DUES (\$15.00) RECEIVED: CASH _____ CHECK # _____
 STAFF INITIALS: _____
 SIBLING ENROLLED ACTIVITY: _____
 KIDTRAX # _____ START DATE: _____ END DATE: _____
INACTIVE: _____

It is important that you complete this information completely. This program designed to promote the community's youth through education, recreational activities and mentorship.

If you have any questions please call the PAL Office at (831) 763-4146.

PART A: PAL MEMBER INFORMATION

| | | |
|---|--|--|
| First Name: | Last Name: | Middle: |
| Street Address: | | |
| City: | State: | Zip Code: |
| Home Phone: | Work: | Cell: |
| Email: | | |
| Age: | Date Of Birth: | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Swim: <input type="checkbox"/> Yes <input type="checkbox"/> No | School Attending: | Grade: |
| <u>Ethnicity:</u> | | |
| <input type="checkbox"/> African American | <input type="checkbox"/> Asian | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Pan Pacific Islander | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American |
| <u>Membership Type:</u> | | |
| <input type="checkbox"/> Cadet Program | <input type="checkbox"/> Soccer | <input type="checkbox"/> Tae Kwon Do |
| | | <input type="checkbox"/> Golf <input type="checkbox"/> Other: _____ |
| <u>Family Setting:</u> | | |
| Number in Family (including yourself): _____ | | |
| <input type="checkbox"/> Grandparents | <input type="checkbox"/> Guardian | <input type="checkbox"/> Foster Care |
| <input type="checkbox"/> Two Parents | <input type="checkbox"/> Ward of the State | <input type="checkbox"/> Single Parent |
| | | <input type="checkbox"/> Other: _____ |
| <u>Referring Organization:</u> | | |
| <input type="checkbox"/> Court | <input type="checkbox"/> CPS | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Probation | <input type="checkbox"/> School | <input type="checkbox"/> Police Officer |
| | | <input type="checkbox"/> Other: _____ |
| <u>Check all that Apply:</u> | | |
| <input type="checkbox"/> Day Care Voucher | <input type="checkbox"/> Food Stamp | <input type="checkbox"/> General Assistance |
| <input type="checkbox"/> School Lunch Program | <input type="checkbox"/> SSDI | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Veteran's Compensation | <input type="checkbox"/> SSI | <input type="checkbox"/> TANF |
| <u>Family Income:</u> (Please check the following that is closest to your household's yearly income) | | |
| <input type="checkbox"/> \$0 - 5,000 | | |
| <input type="checkbox"/> \$5,001 - 10,000 | | |
| <input type="checkbox"/> \$10,001 - 15,00 | | |
| <input type="checkbox"/> \$15,001 - 20,00 | | |
| <input type="checkbox"/> \$20,001 - 30000 | | |
| <input type="checkbox"/> \$30,001 - 40,000 | | |
| <input type="checkbox"/> \$40,001 and over | | |

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PART B: MEDICAL INFORMATION

Insurance Company: _____ Policy Number: _____
Medications: _____ Medical Problems/Allergies: _____
Disabilities: _____
Physician: _____ Phone Number: _____
Address: _____ City: _____ State _____ Zip Code _____
Hospital: _____ Phone Number: _____

PART C: PARENT INFORMATION

Father:

First Name: _____ Last Name: _____
Address: _____ City: _____ State _____ Zip Code _____
Home Phone: _____ Work: _____ Cell: _____
Employer: _____ Occupation: _____
Work Address: _____ City: _____ State _____ Zip Code _____
Email: _____

Mother:

First Name: _____ Last Name: _____
Address: _____ City: _____ State _____ Zip Code _____
Home Phone: _____ Work: _____ Cell: _____
Employer: _____ Occupation: _____
Work Address: _____ City: _____ State _____ Zip Code _____
Email: _____

Emergency Contact Information:

1. First Name: _____ Last Name: _____
 Parent Guardian Emergency Contact Other: _____
Address: _____ City: _____ State _____ Zip Code _____
Home Phone: _____ Work: _____ Cell: _____
2. First Name: _____ Last Name: _____
 Parent Guardian Emergency Contact Other: _____
Address: _____ City: _____ State _____ Zip Code _____
Home Phone: _____ Work: _____ Cell: _____

I have read the completed application. I understand the rules of Watsonville PAL and request that my son/daughter be admitted into the membership. I have explained the rules to my son/daughter and agree that the Watsonville PAL will not be responsible for any accident to the boy/girl while on the Watsonville PAL premises or while engaging in any of its activities away from Watsonville PAL premises. I give my consent for photographs, in which my son/daughter may appear, to be used in any way the Watsonville PAL may care to use them. PAL Rules: No gang colors (red/blue), no foul language, no horseplay, no food, no gum chewing, no jewelry. If the PAL Member receives an unsatisfactory grade on their report card (D or F) the PAL Member will be suspended until the grade has been improved. At the end of each semester the coach/PAL Instructor will hand in a copy of the member's report card. If the report card has a GPA lower than a 2.0, the member will be placed on temporary suspension until the GPA is at a "C" average or better.

Parent/ Guardian Signature _____ Date _____

Member Signature (or Name Printed) _____ Date _____

ANNUAL COST: **\$15.00**

PLEASE PAY FEE WHEN YOU SUBMIT YOUR APPLICATION TO THE PAL OFFICE AT:
130 RODRIGUEZ STREET, Phone Number: (831) 763-4146 Fax: (831) 763-4149

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Attention School Officials:

The following student, _____ is participating in the Watsonville Police Activities League in the following program(s).

- Cadets
- Golf
- Soccer
- Taekwondo
- Other: _____

WPAL requires students to have a GPA of 2.0 or higher and cannot participate without proper verification.

Please provide us with verification of this Grade Point Average at your earliest convenience. You can either mail or fax PAL this information.

Please do not hesitate to contact me with any questions you may have. I can be reached by telephone at (831) 763-4146.

Very sincerely yours,

Coresta Salas, PAL Director

Parent Signature

I am authorized to certify that _____ has a GPA of _____

School Official Signature

Title