



Capital Area Police Athletic League

Membership Application Form

Confidentiality: Please fill out all spaces with an asterisk (*). 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 providing of this information is both appreciated and necessary.

Membership Information (Child Information, Please Print):

*First Name:	*Middle Name:	*Last Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>
*Birthdate:	Gender:	Race/Ethnicity:
<input type="text"/> / <input type="text"/> / <input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/>
		*School:
		<input type="text"/>
		*Grade
		<input type="text"/>
		* Shirt Size: Circle One
		Youth M Youth XL
		Youth L Adult S

Parents/Guardian Information (Please Print):

*First Name:	*Last Name:		
<input type="text"/>	<input type="text"/>		
*First Name:	*Last Name:		
<input type="text"/>	<input type="text"/>		
*Address:	*City:	*State:	* Zip Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Home Phone Number:	*Emergency Phone Number:	*Parent Email Address:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Member Medical Information (Please Print):

*Medications:	*Medical Problems/Allergies:
<input type="text"/>	<input type="text"/>

I have read the completed application, understand the rules of Capital Area PAL and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter and agree that Capital Area PAL will not be responsible for any accident to the boy/girl while on the Capital Area PAL premises or while engaged in any of its activities away from Capital Area PAL. I give my consent for photographs, in which my son/daughter may appear, to be used in any way Capital Area PAL sees fit. 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 Capital Area PAL to take my child for short trips on rainy days as part of programs. I/We do hereby, for services rendered, release Capital Area PAL and its employees and the Board of Directors from all liability. **Disclaimer:** The Capital Area PAL program 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