



Membership Information Form

Member Last Name: _____

Palm Bay PAL
190 Malabar Road SW, Suite 103, Palm Bay, FL 32907
Phone: (321) 952-3530 Fax: (321) 952-3533

<input type="checkbox"/>	Full Payment Rec'd:	<input type="checkbox"/>
<input type="checkbox"/>	KidTrax Entered:	<input type="checkbox"/>
<input type="checkbox"/>	Picture Taken:	<input type="checkbox"/>
<input type="checkbox"/>	Card Provided:	<input type="checkbox"/>

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. Required fields are highlighted and denoted with an asterisk(*).

Head of Household *(Please Print)*

*First Name: *Last Name: *Gender: M F

Family Income:

\$0 - \$36,700
 \$36,701 - \$41,250
 \$41,250 - \$45,850
 \$45,851 - \$49,500
 \$49,501 - \$53,200
 \$53,201 - \$56,850
 \$56,851 - \$60,500
 Over \$65,500

Address: _____

 (Line 1)

 (Line 2)

 (City) (State) (Zip Code)

Address Type: Home Work _____
 Phone Number: () Type: Home Work Cell
 Phone Number: () Type: Home Work Cell

Family Size: Email Address: _____ Type: Home Work Other

Employer: _____ Job Title: _____ Occupation: _____

Military Branch: _____ Status: _____ Start Date: _____ End Date: _____

Parents/Guardian *(Please Print)*

First Name: Last Name: M F

Address: _____

 (Line 1)

 (Line 2)

 (City) (State) (Zip Code)

Address Type: Home Work _____
 Phone Number: () Type: Home Work Cell
 Phone Number: () Type: Home Work Cell

Email Address: _____ Type: Home Work Other

Employer: _____ Job Title: _____ Occupation: _____

Military Branch: _____ Status: _____ Start Date: _____ End Date: _____

FOR STAFF USE ONLY
 1st Payment _____ RECEIPT #: _____ 2nd Payment _____ RECEIPT #: _____
 3rd Payment _____ RECEIPT #: _____ 4th Payment _____ RECEIPT #: _____

Member Information *(Please Print)*

*First Name: *Middle: *Last Name:

*Gender: M F Nick Name(s):

*Birth Date: / / 19 Social Security Number: / /

A BIRTH CERTIFICATE MUST BE PRESENTED WITH APPLICATION OR WITHIN 5 BUSINESS DAYS.

*Ethnicity: Asian Black/African American White/Caucasian
 Hispanic/Latino Not Hispanic/Latino Unknown
 Native Hawaiian or Other Pacific Islander American Indian/Alaskan Native

Address: (Line 1) *Phone: H - ()
(Line 2) C - ()
(City) (State)

Email:

*Membership Type: Adult Youth Pick Up Authorization Password:

School: Grade:

Household Type: Apartment Foster Home Group Home Single Family Dwelling Other

Family Setting: Both Parents Mother Only Father Only Foster Parents Grandmother
 Grandfather Grandparents Group Home Provider Other

Referring Organization: Crosswinds DCF Devereux
 Links of Hope School Police Department
 Probation Officer Human Service Associates Other

Check all that Apply:
 TANF Food Stamps General Assistance SSDI SSI Medicaid
 Veterans Compensation Day Care Voucher School Lunch

Member Medical Information *(Please Print)*

Medical insurance information is used to ensure your child receives the best possible medical care if something happens during a PAL event.

Insurance Company:

Insurance Policy Number:

Medication:

Medical Problems/Allergies:

Physician:

Physician Phone:

Disabilities:

ADD ADHD Asthma

Hospital:

Hospital Phone:

Bipolar Diabetic Hearing

Heart Speech

Pick Up Information *(Please Print)*

Two People Authorized to pick up member (other than parents if applicable)

First Person:

Second Person:

Name:

Name:

Address:

Address:

Home Phone: ()

Home Phone: ()

Cell Phone: ()

Cell Phone: ()

Parent
 Guardian
 Family Member
 Paramour
 Other _____
Name relationship

Emergency Contact
 Primary Emergency Contact
 Lives with Member

Parent
 Guardian
 Family Member
 Paramour
 Other _____
Name relationship

Emergency Contact
 Primary Emergency Contact
 Lives with Member

I have read the complete application, understand the rules of the Palm Bay PAL and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter and agree the Palm Bay PAL will not be responsible for any accident to the boy/girl while on the Palm Bay PAL premises or while engaged in any of its activities away from the Palm Bay PAL. I give consent for photographs, in which my son/daughter may appear, to be used in any way the Palm Bay PAL may care to use them.

*Parent/Guardian Signature

*Member's Signature

Date

***Medical Release**

Authorization and Consent for Treatment of a Child

As the parent of legal guardian of _____, I hereby authorize and give my consent for any emergency medical or dental treatment for my son/daughter (listed above) should it be deemed necessary by a qualified medical doctor or dentist. In the event I cannot be reached, give the authorized PAL coach and/or activity/event supervisor the authorization to act on my behalf should a medical or dental emergency arise while participating in a Palm Bay PAL activity or event.

Parent/Guardian Signature

Member's Signature

Date

***Liability Waiver**

In consideration of our accepting this entry, I/we the undersigned, intend to be legally bound, hereby for myself, my heirs, executors, and administrators waive and release any and all claims from injury and damages, I/we may have against the Palm Bay PAL, the City of Palm Bay, the Palm Bay Police Department or our authorized agents for all injuries or damages suffered by said participant while participating in a Palm Bay PAL sanctioned activity or event. I/we have insurance protection covering any injuries that may occur in participating in a Palm Bay PAL sanctioned activity or event. I/we certify that the information contained herein is true to the best of my/our knowledge.

Member Name (Printed)

Member's Signature

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Date

***Swimming Permission Statement**

I give my permission for _____ to attend and participate in any water activity at any city park, lake, beach, swimming pool or water park. All participating swimming locations will have certified life-guard(s) on site.

My child **CAN / CAN NOT** swim.

Parent/Guardian Signature

T-shirt Size (Circle One): Small Medium Large X-Large XX-Large