



# SAN MATEO POLICE ACTIVITIES LEAGUE

200 Franklin Parkway, San Mateo CA 94403

650-522-7725

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www.sanmateopal.org

2021

## Membership Application

*This information will be maintained in strict confidence and is not furnished or sold to anyone else. It is used solely to ensure successful programming.*

PLEASE USE INK AND PRINT CLEARLY

- New
- Renewal

### Child's Information

Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child lives with:  Both parents  Mother  Father  Other: \_\_\_\_\_

Father/Guardian's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ E-Mail \_\_\_\_\_

Mother/Guardian's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ E-Mail \_\_\_\_\_

Emergency Contact (Other Than Parents or Guardian) Name: \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ E-Mail \_\_\_\_\_

Child's Birthdate: Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male Female School: \_\_\_\_\_ Grade: \_\_\_\_\_

Names of Siblings: \_\_\_\_\_

### Family Demographics

Family Size: Total number of family members living in your household (adults and children including yourself): \_\_\_\_\_

Income: Please check the box that best describes your total household annual income before taxes

- Below \$10,000
- \$10,001-\$19,999
- \$20,000-\$27,449
- \$27,450 - 45,749
- \$45,750 - 73,199
- \$73,200 - 91,499
- \$91,500 and above

Does your family qualify for the Reduced Lunch Program?  Yes  No

Ethnicity: Please check only one box that best describes your child's ethnicity.

- Asian
- African American
- Caucasian
- Pacific Islander
- Hispanic
- Multiple / Mixed Race
- Other: \_\_\_\_\_

Primary language spoken at home:  English  Spanish  Other (What language?) \_\_\_\_\_

Parental status: Pick the one option that best describes your family at this time.

- Single head of household
- Married
- Separated/Divorced
- Widowed
- Foster Parents
- Guardian
- Other

**WAIVER OF LIABILITY & PHOTO RELEASE:** In consideration of participation in the City of San Mateo and San Mateo Police Activities League recreation program described above, I the undersigned for myself and /or as the parent /guardian of the minor named above, agree to indemnify and hold the City of San Mateo and San Mateo Activities League, it's elected and appointed officials, employees, and agents harmless and hereby waive, release and discharge any and all claims for damage, for death, personal injury, bodily injury or property damage which I and /or the Minor may have or which hereinafter may accrue to me and/or the Minor against the City of San Mateo and San Mateo Police Activities League from or against any liability arising out of or connected in any way with my and/or the Minor's participation in the Activity, even though that liability may arise out of ordinary negligence or carelessness on the part of the person entities mentioned above.

I understand that accidents and injuries can arise from participation in the class or activity, knowing the risks, nevertheless, I hereby agree to assume those risks on behalf of me and/or the above-named Minor. It is further understood and agreed that this waiver, release and assumption or risks has been freely entered and is to be binding on my/our heirs and assigns.

I have read and agree to the registration and program policies. Further, I agree to allow use of my image and /or that of the named minor, which may be captured through video, photo, digital camera or other media, for City of San Mateo and San Mateo Police Activities League promotional materials and publications. By my signature below, I acknowledge that I have read this document and understand its contents.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date \_\_\_\_\_



**Medical / Insurance Information**

Do you have INSURANCE? \_\_\_\_\_ YES \_\_\_\_\_ NO

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Preferred Hospital or Clinic \_\_\_\_\_

Allergies for drugs or foods: \_\_\_\_\_

Important medical information, special medications, or special instructions we should be aware of:  
\_\_\_\_\_

List any restrictions to medical treatment: \_\_\_\_\_

**MEDICAL RELEASE: AUTHORIZATION CONSENTING TO TREATMENT OF MINOR**

I/We, the undersigned, parent(s) or legal guardians of \_\_\_\_\_, a minor, do hereby authorize the staff of the City of San Mateo Police Activities League, or an authorized representative, as agent(s) for the undersigned, to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis, treatment and hospital care which is rendered under the general or specific supervision of any physician and surgeon licensed under the provisions of the California Medicine Practice Act on the medical staff of a licensed hospital, whether such examination, diagnosis, or treatment is rendered at the office of said physician or at such hospital.

It is understood that this authorization is given in advance of any specific examination, diagnosis, treatment, or hospital care being required, and is given to provide authority and power on the part of our above-named agent(s) to give specific consent to any and all such examinations, diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may seem advisable.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Field Trip Permission**

I/We, the undersigned, parent(s) or legal guardians of \_\_\_\_\_, a minor, do hereby give permission for \_\_\_\_\_ to participate in all field trips and special event programs planned as part of San Mateo Police Activities League in which he/she is a participant. I hereby release and hold harmless the City of San Mateo and the San Mateo Police Activities League, its elected and appointed officials, its employees and agents, from any and all claims of liability for personal injury, property damage, or wrongful death, arising out of participation in the field trip, including claims based on negligence of other parties or the released parties, whether passive or active.

Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Parent or Guardian \_\_\_\_\_

**PAL Staff Only:**  
 Shirt received (initials) \_\_\_\_\_