



SAN MATEO POLICE ACTIVITIES LEAGUE

200 Franklin Parkway, San Mateo CA 94403 650-522-7725 FAX 650-522-7551

www.sanmateopal.org

2023

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 \$25,000
- \$25,001-\$55,900
- \$55,901-\$93,249
- \$93,250 - 149,100
- \$149,101 - 166,000
- \$166,001 - 199,200
- \$199,201 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/Transportation Permission

I/We, the undersigned, parent(s) or legal guardians of _____, a minor, do hereby give permission for _____ to participate in all field trips, transportation to and from programs 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, transportation to and from programs and special event programs 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:
<input type="checkbox"/> Shirt received (initials) _____
Program Tag:
<input type="checkbox"/> PAL's Place
<input type="checkbox"/> Youth Prevention Services