SAN MATEO POLICE ACTIVITIES LEAGUE

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

www.sanmateopal.org

Membership Application 2024

PAL Staff Only:
- ❑ Shirt received *(initials)*____
- ***Program Tag:***
- ❑ *ETA*
- ❑ *PAL's Place*
- ❑ *Youth Prevention Services*
- ❑ _____

❑**Renewal / New** ❑

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

Family Information

Main Contact

First Name **Last Name** **Date of Birth** **Phone**

Home Address **City** **Zip** **E-mail Address**

Full Name Include **everyone** living in the household	**Relation to main contact**	**Date of Birth**	**School**	**Grade**	**Enroll in PAL**
Sample Household Member	Self	01/01/1950	School Name	1	**Yes / No**
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No

Emergency Contact *(Other Than Parents or Guardian)* **Name**: _____

*Phone (Home)*_____ *(Cell)*_____ *E-Mail*_____

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 recreation program described above (the "Activity"), 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 Police Activities League, it's elected and appointed officials, employees, and agents (the "City") 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 from and against any liability arising out of or connected in any way with my and/or the Minor's participation in this Activity, even though that liability may arise out of ordinary negligence or carelessness on the part of the person or entities mentioned above.

I understand that accidents and injuries can arise from participation in this 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 into and is to be binding on my/our heirs and assigns. Participants of virtual recreation classes acknowledge they are responsible for ensuring their environment is safe/free from obstructions and that any use of third-party applications (e.g. Zoom, Google Meet, etc.) is at their own risk.

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 agreeing below, I acknowledge that I have read this document and understand its contents.

Print Name:_____ Signature:_____ Date_____