



El Centro PAL
 1100 N. 4th Street
 El Centro, CA 92243
 (760) 337 - 4577

Membership Form

Contact: Officer Daniel Gonzalez or Tony Gutierrez

Member #: _____

First Name:	Middle Name:	Last Name:
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Member Lives With: <i>(circle one)</i> Parents Mother Father Guardian Grandparents	Home Telephone Number:	Family Annual Income:
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Home Address:			School Attending:	Grade:
City:	State:	Zip Code:	E-Mail Address: <i>(optional)</i>	

Gender: Male Female	Date of Birth:	Age:	Race: <i>(circle one)</i> White Black Hispanic Asian Other	
Household Total:	Sisters:	Brothers:	Nickname	Previous Members: Yes No Number of years: _____

PARENT INFORMATION:

Father's First Name:		Father's Last Name:		Father's Work Telephone No. & Ext.:	
Father's Employer:			Father's Occupation:		
Mother's First Name:		Mother's Last Name:		Mother's Work Telephone No. & Ext.:	
Mother's Employer:			Mother's Occupation:		
Guardian's First Name:		Guardian's Last Name:		Guardian's Work Phone No. & Ext.:	
Guardian's Employer:			Guardian's Occupation		

Insurance Company:	Insurance Police No.:	Medi-cal Policy Number:	Mother's Maiden Name:
Medications:		Medical Problems / Allergies:	

Physician's Name:	Physician's Address:	Physician's Telephone #:
Name of Preferred Hospital or Clinic:	Address of Hospital or Clinic:	Hospital or Clinic Phone #:

Name TWO person's authorized to Pick Up Member:

1) First Name	Last Name:	Relationship:	Telephone #:
2) First Name:	Last Name:	Relationship:	Telephone #:
Person NOT Authorized to PICK-UP:			Can Member Swim? [] Yes [] No

Participation in (Circle Activities):

Arts & Crafts	Aqua Aerobics	Baseball Clinics	Boxing	Computer Lab	Cooking	H.E.L.P.	
Hip Hop Dance	Movie Nights	Karate	Judo	Rec. Room	Sewing	Soccer League	Soccer Clinics

RELEASE

I give permission for the minor in my custody to participate in the above mentioned activity and hereby waive, release and discharge any and all claims for damage or death, personal injury or property damage which I may have, or which may occur to me, as a result of said minor's participation in said activity. This release is intended to discharge in advance the El Centro Police Activities League (PAL) and any other involved entities from and against any and all liability arising out of or connected in any way with said minor's participation in said activity.

Signature of Parent or Guardian

Date: _____

CONSENT TO TREATMENT OF MINOR

In the event of sudden illness, injury or accident, which may occur while said minor, is engaged in an activity supervised by the El Centro Police Activities League (PAL) and their representatives, agents and assignees, when neither the parents, guardian or designated family physician can be contacted, I hereby give my consent pursuant to California Civil Code #25.8 for emergency treatment as shall be necessary under the circumstance by any physician licensed under the laws of the State of California. It is also noted that the parents are responsible for all equipment loaned to their child (children) during this trip.

Signature of Parent or Guardian

Date: _____

I have read the completed application; and request that my son/daughter be admitted into membership. I give my consent for photographs, in which my son/daughter may appear, to be used in any way the El Centro Police Activities League (PAL) may care to use them. I also agree to participate in any fund raisers (raffles, food sales, or car washes) that the El Centro Police Activities League (PAL) conducts during the year, to raise funds for equipment, uniforms, tournaments, and transportation.

Signature of Parent or Guardian:

Signature of Club Member:

Date: