

# Port St. Lucie Police Athletic League, Inc.

2101 Tiffany Avenue, Port St. Lucie, FL 34952  
(772) 398-9436 www.cityofpsl.com/pal



## MEMBERSHIP APPLICATION and Waiver

Date: \_\_\_\_\_  
Paid: Y or N  
Cash or Check  
Check: \_\_\_\_\_  
Initials: \_\_\_\_\_

The Port St. Lucie Police Athletic League, Inc. is a not-for-profit organization dependent upon grant funding, donations, and other types of fundraising in order to provide children's athletic programming. We are therefore obligated to ask certain questions regarding participant's race, ethnicity, and income. It is critical for future funding that the application is filled out in its entirety. Thank you for your cooperation.

Program(s): \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Sex: M F Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Other organization/teams participant belongs to: \_\_\_\_\_

Race/Ethnicity: African American \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian Pacific \_\_\_\_\_  
Caucasian \_\_\_\_\_ Haitian American \_\_\_\_\_ Other \_\_\_\_\_

Child lives with: Both parents \_\_\_\_\_ Mother/Stepfather \_\_\_\_\_ Father/Stepmother \_\_\_\_\_

Mother only \_\_\_\_\_ Father only \_\_\_\_\_ Grandparents \_\_\_\_\_ Other \_\_\_\_\_

Total number in household: \_\_\_\_\_ # brothers: \_\_\_\_\_ #sisters: \_\_\_\_\_

### Required Medical Information:

Participant's Doctor or Clinic: \_\_\_\_\_ Telephone: \_\_\_\_\_

Please list any allergies, physical limitations, or medications taken: \_\_\_\_\_

Parent or guardian name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Address if different from participant: \_\_\_\_\_

Other Emergency Contact Person: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Demographic Information

Total household income: under \$25,000 \_\_\_\_\_ \$25,000-\$50,000 \_\_\_\_\_ over \$50,000 \_\_\_\_\_

Own home: \_\_\_\_\_ Rent: \_\_\_\_\_ Does applicant receive free or reduced school lunch? Y N

Additional information may be required depending upon the type of program you are participating in and the corresponding funding source. Please note that PAL reserves the right to change schedules depending on needs.