

Pasadena PAL

MEMBERSHIP INFORMATION

**207 N. GARFIELD AVE
PASADENA, CA 91101
626 744-4550
FAX 626 744-4700**



"TO ENCOURAGE PASADENA AREA YOUTH TO BE GOOD CITIZENS."

APPLICANT INFORMATION

Name of Member**: *(Last, First, Middle)*
Nombre de Miembro: *(Apellido, Primero)*

Date of birth**: *(Fecha de Nacimiento)*

Gender**: *(Genero)*

Ethnicity**: *(Etnicidad)*

Height **: *(Estatura)*

Weight **: *(Peso)*

Hair *(Color)* **: *(Color de Pelo)*

Eyes *(Color)* **: *(Color de Ojos)*

Current address**
(Domicilio)

City **: *(Ciudad)*

State **: *(Estado)*

ZIP Code **: *(Codigo Postal)*

Family Setting:
(Entorno Familiar)

Number of family members:
(Numero de Miembros de la familia)

Member's E-mail:
(Correo electrónico del Miembro)

Member's Cell **: *(Numero de Miembro):*

School **: *(Escuela)*

Grade **: *(Grado)*

PARENT OR GUARDIAN INFORMATION

Parent or Guardian name **: *(Last, first Middle)*
Nombre de Padre o Guardián: *(Apellido, Primero)*

Address **: *(Domicilio)*

Gender **: *(Genero)*

City **: *(Ciudad)*

State **: *(Estado)*

ZIP Code **: *(Codigo Postal)*

Phone **: *(Home)*
Teléfono: (Casa)

Phone **: *(Work)*
Teléfono: (Trabajo)

Phone **: *(Cell)*
Teléfono: (Cellular)

Employer:
(Empleador):

Title:
(Titulo):

Occupation:
(Ocupación):

E-Mail:
(Correo electrónico):

Other Parent: *(or guardian)*
Otro Padre: (Guardián)

Authorized for Pick up: *(Y) (N)*
Autorizados para recoger: (Si/No)

PARENT OR GUARDIAN INFORMATION-(2)

Parent or Guardian name: *(Last, first Middle)*

Authorized for Pick-Up: (Y) (N)

Address: *(If Different from above)*
Domicilio: (Si es diferente de arriba)

Phone:
(Teléfono):

Current employer:
(Empleador actual):

Position:
(Posición):

Employer's Number:
(Numero de el Empleador):

Employer address:

E-mail:
(Correo electrónico):

City:
(Ciudad):

State:
(Estado):

ZIP Code:
(Codigo Postal):

** Required (Requerido)

EMERGENCY CONTACT AND MEDICAL		
Name**: <i>(Nombre):</i>		
Address**: <i>(Domicilio):</i>		Phone**: <i>(Teléfono):</i>
City**:	State**: <i>(Estado):</i>	ZIP Code**: <i>(Código Postal):</i>
Relationship**: <i>(Relación):</i>		
Name**: <i>(Nombre):</i>		
Address**: <i>(Domicilio):</i>		Phone**: <i>(Teléfono):</i>
City**:	State**: <i>(Estado):</i>	ZIP Code**: <i>(Código Postal):</i>
Relationship**: <i>(Relación):</i>		
Insurance Company**: <i>(Compañía de Seguros):</i>	Policy Number**: <i>(Número de Póliza)</i>	Doctor**: <i>(Médico):</i>
Doctor's Phone**: <i>(Número de Médico):</i>		Medical conditions**: <i>(Condiciones Médicas):</i>
Hospital: <i>(Hospital):</i>	Phone: <i>(Teléfono):</i>	Disabilities**: <i>(Discapacidades):</i>
REFERRING ORGANIZATION OR PERSON		
Name: <i>(Friend, Relative)</i> <i>Nombre: (Amigo, Pariente)</i>	Address: <i>(Domicilio):</i>	Phone: <i>(Teléfono)</i>
Organization: <i>(court, probation)</i> <i>Organización: (Tribunal)</i>	Address: <i>(Domicilio):</i>	Phone: <i>(Teléfono):</i>
AUTHORIZED PRIVILEGES & PICK UP		
Authorized to pick up: <i>Autorizado(a) para recoger:</i>	Relationship to member: <i>(Relación con Miembro):</i>	Phone: <i>(Teléfono):</i>
<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Can walk Home**: <i>(Y) (N)</i> <i>Puede caminar a casa: (Si/No)</i>	Leave for Food**: <i>(Only During the Summer MUST be 13+) (Y) (N)</i> <i>Salir para comida: (Solamente durante el verano DEBE tener 13+) (Si/No)</i>	
SIGNATURES		
I have read the completed application, I understand the rules of the Pasadena Police Activities League (also known as Pasadena PAL), and I request that my son/daughter be admitted into membership. I have taken an opportunity to review the rules and regulations with my son/daughter. My son/daughter (member) agrees to adhere to the rules outlined by the Pasadena PAL staff, and realize that violation of said rules could result in the termination of membership. I agree that Pasadena PAL will not be responsible for any accident to my son/daughter (member) while on Pasadena PAL/Salvation Army premises, or while engaged in any PAL activities while away from the PAL facilities. I give my consent for photographs which may depict my son/daughter (member) engaged in PAL activities, to be used by Pasadena PAL in any manner or way that Pasadena PAL may care to use them.		
Signature of parent or guardian**: <i>(Firma de Padre o Guardián):</i>		Date**: <i>(Fecha):</i>
Signature of member**: <i>(Firma de miembro):</i>		Date**: <i>(Fecha):</i>

**Required (Requerido)

Confidentiality: Any and all confidential information requested is utilized by Pasadena PAL to seek funding for the organization. The written responses to questions you provide will be kept completely confidential. PAL would like to thank you for your responsiveness to this vital information.

FOR OFFICE USE ONLY

Received Date: _____ Int.: _____ KidTrax Date: _____ Int.: _____

Photo Date: _____ Int.: _____ PAL Characters: _____ Int.: _____

Paid: _____ Rect.#: _____ Int.: _____

MAIL COMPLETED APPLICATOIN TO:

**PASADENA POLICE DEPARTMENT 207 N.
GARFIELD AVE PASADENA, CA 91101
ATTENTION: PAL DIRECTOR**