

Membership Information Form



Apple Valley PAL
14931 Dale Evans Parkway
Apple Valley, CA 92307

P: (760) 961-0754

Confidentiality: Any confidential information requested is for our records and for the funding our Organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary. Required fields are denoted with an asterisks(*)

Head of Household (Please Print)

First Name:*

Last Name:*

Gender:*

Male Female

Family Income:*

____ \$5000.00 TO
\$20,000.00
____ \$20,000.00 TO
\$40,000.00
____ \$40,000.00 AND
ABOVE

Address:*

(Line 1)

(Line 2)

(City)

(State)

Address Type:*

Home

Work _____

(Zip Code)

Phone Number:*

() -

() -

Phone Type:*

Home Work _____

Home Work _____

E-Mail Address:

E-Mail Type:

Home Work _____

Employer:

Job Title:

Occupation:

Parents / Guardian (Please Print)

First Name:

Last Name:

Gender:

Male Female

Address:

(Line 1)

(Line 2)

(City)

(State)

Address Type:

Home

Work _____

(Zip Code)

Phone Number:

() -

() -

Phone Type:

Home Work _____

Home Work _____

E-Mail Address:

E-Mail Type:

Home Work _____

Employer:

Job Title:

Occupation:

Member Information (Please Print)

First Name:*

Middle Name:*

Last Name:*

Nick Name:

Birth Date:*

Gender:*

Male
 Female

Ethnicity:*

African American Asian Hispanic/Latino
 Multi-Ethnic
 Other White

Membership Type:*

Member - PAL
 Non Member/Participant
 Parent Member
 Volunteer

School:

Grade:

Referring Organization:

Business Media Parents
 School School Police Town of Apple Valley Parks & Rec

Member Medical Information (Please Print)

Medications:*

Medical Problems/Allergies:*

Physician:*

Physician Phone:*

Disabilities:

Hospital:*

Hospital Phone:*

Pick Up Information (Please Print)

Two people authorized to pick up member -

1.) First Name:

Last Name:

() - Home Work

| | |
|-----------------------------------|--|
| <input type="checkbox"/> Parent | <input type="checkbox"/> Emergency Contact |
| <input type="checkbox"/> Guardian | <input type="checkbox"/> Primary Emergency Contact |
| <input type="checkbox"/> _____ | <input type="checkbox"/> Lives With Member |

2.) First Name:

Last Name:

() - Home Work

| | |
|-----------------------------------|--|
| <input type="checkbox"/> Parent | <input type="checkbox"/> Emergency Contact |
| <input type="checkbox"/> Guardian | <input type="checkbox"/> Primary Emergency Contact |
| <input type="checkbox"/> _____ | <input type="checkbox"/> Lives With Member |

The Apple Valley PAL also uses the following fields to learn more about your child. Please check one item from each group below.

Arts/Crafts: ___ Has Interest

Community Projects: ___ is allowed to participate

Interests-Boxing: ___ Advanced-Has Interest
___ Beginner-Has Interest
___ Has Interest
___ Intermediate-Has Interest

Interests-Judo: ___ Advanced-Has Interest
___ Beginner-Has Interest
___ Has interest
___ Intermediate-Has Interest

Internet: ___ Is authorized to use for research

Karate: ___ Advanced-Has Interest
___ Beginner-Has Interest
___ Has Interest
___ Intermediate-Has Interest

Medical Release: ___ Was Received

Motocross: ___ Has Interest

Needs Eng. Tutoring: ___ Needs help

Needs Math Tutoring: ___ Needs Help

Needs Reading Help: ___ Needs Help

Needs Science Help: ___ Needs Help

Record - Felony: ___ Arrested/Convicted/List Crime & Date

Record - Infractions: ___ Any Citations/List Type

Record - Misdemeanor: ___ Arrested/Convicted/List Crime & Date

RUN AWAY: ___ Currently has issues
___ Has had issues in the past
___ Never

S.H.O.C.K. Program: ___ Court Ordered
___ Parent Enrollment
___ School Referred
___ Youth Interest

Survey Approval: ___ Allowed

Tuancy Issues: ___ Currently has issues
___ Has had issues in the past
___ Never

Parent or Guardian Signature

Member's Signature

Date