

Oxnard PAL Membership Form



Oxnard Police Activities League

"The Bond Between Cops and Kids"

Mailing Address: 555 South A Street Suite # 265, Oxnard CA 93030
Campus Address: 350 South K Street at Campus Park, Oxnard, CA 93030 (Old Oxnard High School)
(805) 385-8230 • Fax (805) 487-6975
www.oxnardpal.org

Confidentiality: Any confidential information requested is for our records and to assist our Organization in applying for and receiving program funding. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary. Thank You.

MEMBERS INFORMATION (membership is free and must be renewed each year in December.)

Members Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____ Zip Code: _____

Home Telephone: _____ E-mail Address: _____

Sex: M F Birthdate: _____ School: _____ Grade: _____

Ethnicity:

- Caucasian African American Hispanic Other
 Asian American Native American Pacific Islander

Medical Insurance Co.: _____ Insurance Policy No.: _____

Childs Physician: _____ Physician Phone No.: () _____

Medical Disabilities/Problems/HIstory/Allergies/Medications: _____

Can this child Swim? Yes No

How did you hear about PAL? _____

Parent or Guardian Information

Parent or Guardian's Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Home Telephone: () _____ Work Telephone:() _____ Cellular: () _____

Employer: _____ Occupation: _____

Second Parent or Guardian's Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Home Telephone: () _____ Work Telephone:() _____ Cellular: () _____

Employer: _____ Occupation: _____

Annual Household Income:

- under de \$9,000
- \$9000 - \$12000
- \$12001 - \$15000
- \$15001 - \$19000
- \$19001 - \$23000
- \$23001 - \$28000
- \$28001 - \$32700
- \$32701 - \$37500
- \$37501 - \$42000
- \$42000 and above

Please Check all that apply:

- TANF
- General Assistance
- Food Stamps
- WIC
- SSI
- SSDI
- Day Care Voucher
- School Lunch Program
- Medicaid
- Medi-Cal
- General Relief
- Veteran's Compensation

Family Setting:

- Single Parent
- Two Parent
- Guardianship
- Foster Care
- Other: _____

Household/Family Size

I have read the completed application and I request that my child be admitted into membership at Oxnard P.A.L. I agree that Oxnard P.A.L. and the City of Oxnard will not be responsible for any accident or injury sustained by my child while he/she is engaged in any P.A.L. premises, City of Oxnard property, or away at an off-site location. I also give my consent for photographs in which my child may appear while at PAL or engaged in PAL activities to be used in any way in the Oxnard Police Activities League chooses to use them.

Signature of Parent or Guardian

Member's Signature

Date

Signed Waiver? Yes No PAL ID Issue Date: _____ By: _____ PAL Member #: _____



City of Oxnard
Minor Release Form and Consent to Medical Treatment
(Please Print)

Minor's Name: _____ Age: _____ Birthdate: _____
Last First Middle

Address/City/Zip: _____

Parent or Guardian: _____
Last First Middle

Home Phone:(____)_____ Work Phone:(____)_____ Cell Phone:(____)_____

Name of Activity: PAL Program Date of Activity: _____

School or Team: _____

I, the undersigned, hereby give permission for the above named minor in my custody to participate in the above described activity ("the activity") and hereby waive, release, and discharge any and all claims or rights to claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me, as a result of the minor's participation in the activity. This release is intended to discharge in advance the promoters, sponsors, officials, the Oxnard Police Activities League (PAL), the City of Oxnard or other public entity, agents and employees from and against any and all liability arising out of or connected in any way with the minor's participation in the activity, even though that liability may arise out of negligence or carelessness on the part of any person or entity mentioned above.

I further understand that serious injuries occasionally occur during the activity and participants in the activity occasionally sustain mortal or serious personal injuries and or property damage, as a consequence thereof. Knowing the risks of the activity, nevertheless, on behalf of the minor, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above who, through negligence or carelessness, might otherwise be liable to me, my heirs or assigns for damages.

I further understand and agree that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

I agree to accept and abide by the rules and regulations of the City of Oxnard and the Oxnard Police Activities League.

SIGNATURE OF PARENT OR GUARDIAN DATE

CONSENT TO TREATMENT OF MINOR

In the event of sudden illness, accident, or injury which may occur while the above named minor is engaged in the activity supervised by the City of Oxnard and/or the Oxnard Police Activities League and its representatives, employees, agents or assignees, when neither the minor's parent(s), guardian(s) or designated family medical provider can be contacted, I hereby give my consent for emergency treatment as necessary under the circumstances by any medical provider licensed under the laws of the State of California.

SIGNATURE OF PARENT OR GUARDIAN DATE

Family Doctor or Clinic: _____ Doctor or Clinic Phone:(____)_____

Medical Insurance Co.: _____ Type of Coverage: _____

Pertinent Medical History/Information (*Epilepsy, Diabetes, Allergies*): _____

Alternate Emergency Contact (Other Than Parent/Guardian): _____ Phone:(____)_____