

Oxnard PAL Membership Form



Oxnard Police Activities League "Because Every Kid Needs a PAL!"

Mailing Address: 305 W. Third Street, 1st Floor – W. Wing, 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

PARENTS/GUARDIANS: Please complete all sections of this form and return to the PAL Youth Center, only completed forms are accepted for membership. Membership is free and immediate, there is not a waiting period or screening process, all youth ages 7-18 are eligible for membership. Thank You

PADRES/GUARDIANES: Favor de completar todas las secciones de esta forma y devolverlo a el PAL Youth Center, solamente completados formas son aceptados para ser miembro. La membresía es gratis e inmediata, no hay un periodo de espera o proceso de selección, jóvenes edades 7-18 son elegibles para ser miembros. Gracias

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.

Confidencialidad: Cualquier información confidencial requerida es para nuestros archivos y para ayudar a nuestra organización para aplicar y recibir fondos para nuestro programa. Su respuesta será completamente confidencial. Su cooperación en proveer esta información es apreciada y necesaria. Gracias.

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

INFROMACION DEL MIEMBRO (La membresía es gratis y deberá ser renovada cada anos en julio.)

Members Last Name:
Apellido del Miembro: _____

First Name: _____ Middle Initial: _____
Nombre: _____ Inicial: _____

Address:
Domicilio: _____

City _____ Zip _____
Ciudad: _____ Código Postal: _____

Telephone
Teléfono: _____

E-mail Address:
Dirección Electrónica: _____

Sex/Sexo: M/H F/M

Birthdate/Fecha De Nacimiento: _____

Grade/Grado: _____

School/Escuela: _____

Medical Insurance Co.
Seguro Medico: _____

Insurance Policy No.
Numero de Póliza: _____

Childs Physician
Medico Familiar: _____

Physician Phone No.
Teléfono del Medico: () _____

Medical Disabilities/Problems/History/Allergies/Medications

Incapacidades/Problemas/Alergias/Medicamentos/Historia Medica: _____

Can this child Swim?/¿Este niño/a puede nadar? Yes/si No

How did you hear about PAL

Come te enteraste de este programa? _____

Parent or Guardian Information/Información de los padres o guardianes

Parent or Guardian's Last Name

Apellido de padre o Guardian: _____ First Name/Nombre: _____

Address

Domicilio: _____

City

Ciudad _____

Zip

Código Postal: _____

Home Telephone

Teléfono de casa: () _____

Work Telephone

Trabajo:() _____

Cellular or Pager

Celular: () _____

Employer/Empleador: _____ Occupation/Ocupación: _____

Second Parent or Guardian's Last Name

Apellido de Segundo padre o Guardian: _____ First Name/Nombre: _____

Address

Domicilio: _____

City

Ciudad _____

Zip

Código Postal: _____

Home Telephone

Teléfono de casa: () _____

Work Telephone

Trabajo:() _____

Cellular or Pager

Celular: () _____

Employer/Empleador: _____ Occupation/Ocupación: _____

Annual Household Income

Ingresos Anuales:

- Under/menos de \$21,000
- \$21000 - \$31000
- \$31001 - \$48000
- \$48001 - \$55000
- \$55001 - \$62000
- \$62001 - \$68000
- \$68001 - \$74000
- \$74001 - \$80000
- \$80001 - \$85000
- \$85001 - 91,000
- \$91000 and above

Please Check all that apply

Favor de Marcar Todo lo que aplique:

- 1-TANF
- 2-General Assistance
- 3-Food Stamps
- 4-WIC
- 5-SSI
- 6-SSDI
- 7-Day Care Voucher
- 8-School Lunch Program
- 9-Medicaid
- 10-Medi-Cal
- 11-General Relief
- 12-Veteran's Compensation
- 13-Section 8/Public Housing

Family Setting

Tipo Familiar:

- 1-Single Parent/padre soltero
- 2-Two Parent/dos padres
- 3-Guardianship/guardian
- 4-Foster Care/Adoptivo
- 5-Other/otro: _____

Head of Household/Cabeza de Familia

- Male/Hombre
- Female/Mujer

Household/Family Size

Miembros de Familia en casa: _____

Race/grupo raza:

- 1-American Indian/Alaskan Native
- 2-Asian American
- 3-Black/African American
- 4- Pacific Islander
- 5-White
- 6-Other

Ethnicity/grupo étnico:

- (H) Hispanic/Hispano
- (N) Non-Hispanic/No Hispano

Presently, are you and/or your family living in any of the following situations? Check all that apply.

Actualmente, ¿está usted y / o su familia viviendo en cualquiera de las siguientes situaciones? Marque todo lo que corresponda.

- Staying in a shelter (family shelter, domestic violence shelter, youth shelter) or FEMA trailer
Estancia en un refugio (refugio para familias, refugio de violencia doméstica, refugio para jóvenes) o FEMA remolque
- Waiting for foster care placement/En espera de la colocación de cuidado de crianza
- Sharing the housing of others due to loss of housing, economic hardship or similar reason
Compartiendo vivienda de otras personas debido a la pérdida de vivienda, problemas económicos o razones similares
- Living in a car, park, campground, abandoned building, or other inadequate accommodation
Vivir en un coche, parque, campamento, edificio abandonado, u otro alojamiento inadecuado
- Temporarily living in a motel or hotel due to loss of housing, economic hardship or similar reason
Temporalmente viviendo en un motel u hotel debido a la pérdida de vivienda, problemas económicos o razones similares
- Living alone as a minor student(s) without an adult (unaccompanied youth)
Viviendo solo como un estudiante menor de edad (s) sin un adulto (joven sin compañía)
- None of the above

----- OFFICE USE ONLY -----

- | | |
|---|--|
| <input type="checkbox"/> Member Information | <input type="checkbox"/> Parent/Guardian Information |
| <input type="checkbox"/> Annual Income | <input type="checkbox"/> Assistance Programs |
| <input type="checkbox"/> Family Setting/Head of Household | <input type="checkbox"/> Race |
| <input type="checkbox"/> Ethnicity | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Signed Waiver | Verified by (staff initials): _____ |
| Membership entered: ____ / ____ / ____ | by: _____ |
| Member No.: _____ | |



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: _____ 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 also agree that photographs, pictures, slides, movies, & videos of the minor may be taken in connection with the minor's participation in this activity or event without compensation from the City of Oxnard, California, permittee/sponsor and consent to the use of these photographs, pictures, slides, movies, & videos for any legal purpose.

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:() _____



City of Oxnard Recreation & Community Services CODE OF CONDUCT

MISSION:

City of Oxnard Recreation and Community Services strives to enrich the quality of life for people of all ages by providing safe, positive and active opportunities within our community that embrace diversity and promote social connections, wellness, civic pride, and life-long learning.

PURPOSE:

To help ensure participant satisfaction and safety, the City requests participants and staff to follow a common set of rules for courteous behavior. Upon signing this Code of Conduct, participants acknowledge they have read and agreed with the code of conduct, posted rules and acknowledge the consequences should they not be complied with.

CODE OF CONDUCT:

Spectators, parents / guardians and participants are asked to please observe the following:

- Respect the rights and privileges of all persons at all times.
- In case of emergency, dial 911.
- Comply with requests from officials, staff and program facilitators / instructors.
- Comply with any rules of the program, event, class or activity and the rules of the facility where the program, event, class or activity is being conducted.
- Refrain from conduct that disrupts or obstructs any program, event, class or activity. This includes disrespectful and argumentative behavior towards others.
- Refrain from any lewd, obscene or indecent conduct or expression, including profanity, harassment, discrimination, bullying, threats or offensive remarks.
- Refrain from any action which in the judgement of any staff, instructor or facilitator, constitutes an attempt to inflict, or actually inflicts, injury to other participants and / or staff.
- Children not participating in the scheduled program, event, class or activity must be accompanied by a non-participating adult.
- Destruction or damage to a City of Oxnard facility or one of its facility partners or theft of any property is not acceptable. Anything found at the facility that does not belong to you, should be left where it is unless you have been told by staff, instructor or facilitator to take it.
- Smoking & vaping are not permitted at any City facility or property per City Ordinance No. 2908.
- Possession or use of a weapon or explosive devices is not allowed.
- Selling, possessing or use of illegal drugs, alcohol or marijuana is not allowed.

(Alcohol is only permitted when included in a rental agreement and provided by a licensed and approved caterer. All rental agreement rules and local, state and federal laws must be adhered to).

