

**ELK GROVE POLICE ACTIVITIES LEAGUE
MEMBERSHIP APPLICATION**

DATE _____

NAME _____ AGE: _____ DOB: _____
Last First Middle

ADDRESS: _____

_____ City _____ State _____ Zip Code
HOME PHONE: _____ CELL PHONE: _____

SCHOOL: _____ GRADE: _____

PARENT/GUARDIAN: _____ RELATIONSHIP: _____
Last, First, Middle

**I HAVE READ PAL RULES AND REGULATIONS AND MY SIGNATURE BELOW INDICATES MY
ACKNOWLEDGEMENT AND AGREEMENT, AND MY APPROVAL FOR MY CHILD TO PARTICIPATE IN PAL
ACTIVITIES:**

_____ DATE: _____
Signature

<p>MEDICAL INFORMATION: Please list any medical conditions you are currently being treated for</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>MEDICATION: Please list all medication you currently taking</p> <p>_____</p> <p>_____</p> <p>MEDICAL RESTRICTIONS: Do you currently have any medical restrictions? _____ Yes _____ No</p> <p>If yes please list: _____</p> <p>Are you currently under doctors care for any condition? _____ Yes _____ No</p>

EMERGENCY CONTACT INFORMATION:
EMERGENCY CONTACT PERSON: _____ PHONE: _____

<p>APPLICATION ACCEPTED BY: _____ DATE: _____</p> <p>MEMBERSHIP FEE PAID: _____ RECEIPT # _____</p> <p>MEMBERSHIP CARD NUMBER: _____</p>
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