



Membership Information Form
Indianapolis Metropolitan Police Athletic League
4209 N. College Avenue
Indianapolis, IN 46205
(317) 327-3187
(317) 327-6444 fax

Office Use Only:

Club ID Number: _____
KidTrax ID Number: _____
PAL Officer: _____
Center: _____
Date: _____

In Blue or Black Ink fill in the following information.

First Name: Middle Name: Last Name:

Emergency Contact: Emergency Phone Number:

Nickname: Birth Date: Gender: Male Female
Age: Member Status (Check One)
 New Member
 Renewing Member
 Former Member
 Non-Member

Ethnicity: (Circle One)
African American Asian American Native American Other _____
Caucasian Hispanic American Mixed Racial Unknown

Home Address: City:

State: Zip: Home Phone Number: Cell Phone Number:

E-mail address: Names of Two People Who Are Authorized to Pick-up Club Member:
1) 2)

School: Grade:

Father's First Name: Father's Last Name: Home Phone Number:

Father's Employer: Work Phone Number: Father's Cell Phone Number:

Mother's First Name: Mother's Last Name: Home Phone Number:

Mother's Employer: Mother's Work Phone & Extension: Cell Phone Number:

Guardian's First Name: Guardian's Last Name: Guardian's Home Phone Number:

Guardian's Employer: Guardian's Work Phone & Extension: Guardian's Cell Phone Number:

Member Lives With: (Circle One)

Both Parents Mother Father Aunt/Uncle Sister/Brother Grandparent Guardian Other _____

Medical Problems/Allergies (Please Print)

List All Medications Your Child is Taking:

Physician: Physician's Phone:

Preferred Hospital or Clinic: Hospital/Clinic Phone:

Do You Have Insurance? Yes No Insurance Company: Policy Number:

Has your child been a Member of the PAL Club of Indianapolis previously? Yes No Number of Years: Which Center:

List Your Child's Hobbies/ Sports:

Is Your Child a Member in Other Youth Programs? Yes No

Names of Other Programs: (O.K. – G.R.E.A.T.)

I hereby give permission for my child, named below, to join the PAL Club of Indianapolis ("PAL Club") and permission for my child to participate in the PAL Clubs' programs, field trips and to visit and use the centers. Additionally, consent to the use of the likeness of my child in any public medium including newspapers, newsletters and television. It is understood that club programs may include internet access, surveys, interviews, and focus group discussions. Data is the sole property of PAL Club and is private and confidential. The data collected may be used by the PAL Club its assigns or successors to determine current trends. I am the natural parent or legal guardian having custody of said child. In consideration of my child being accepted for membership and participation in the PAL club and activities, I hereby voluntarily release and agree to hold harmless and indemnify the PAL Club and each of its directors, officers, employees, volunteers, and agents from and against any and all liability, claims, demands, actions, damages, expenses and costs, including attorney fees, losses and judgments of whatsoever kind and nature which may result from or arise out of my child's membership in the PAL Clubs, participation in the PAL Clubs' programs, activities and field trips and the PAL Club's facilities, whether or not resulting in whole or in part from negligence, acts or omissions or the PAL Clubs or its directors, officers, employees, volunteers or agents, or of said child. I also authorize any representative of PAL Club to consent to emergency medical services this child may require until the undersigned or another designated agent can assume responsibility.

I understand the rules of the Police Athletic League of Indianapolis and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter and agree that the Police Athletic League of Indianapolis will not be responsible for any accident to my son/daughter while on the premises or while engaged in any of its activities away from the premises.

Parent or Guardian Signature _____ Club Member's Signature _____ Date: Month ____ Day ____ Year ____