



**General PALW Membership Form**

**Police Athletic League of Wilmington**  
**3707 North Market Street**  
**Wilmington, DE 19802**  
**Phone: (302) 764-6170**  
**Fax: (302) 764-2978**

**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.

**Member's Information:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Gender: Male** \_\_\_\_\_ **Female** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Emergency Information:**

**Parent / Guardian Information:** \_\_\_\_\_ **Gender: Male** \_\_\_\_\_ **Female** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Parent / Guardian Information:** \_\_\_\_\_ **Gender: Male** \_\_\_\_\_ **Female** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Personal Health Information:**

**Medical Diagnosis:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Current Medications:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I certify that my child is in good health and is able to withstand the normal physical activity necessary for a successful group experience. I give permission for my child to participate in normal activities held at the PALW facility. I understand that I will be required to sign a permission slip for off-site activities.*

*I give my consent for any photograph in which my child may appear to be used at the discretion of PALW. I understand that these photographs may appear in marketing and promotional materials.*

*I understand that all youth are subject to basic disciplinary action if rules are not followed. In the event that my child is not following the PALW rules and regulations, they may be disciplined in the form of a verbal warning and/or time out from participation in activities. The consequences of continual offenses include being sent home and/or loss of PALW privileges on a temporary basis.*

*I have explained the rules to my child and agree that the PALW will not be responsible for any accidents to my child while at PALW.*

*I fully understand the nature of the PALW program and realize that there may be inherent risks involved as my child participates. Therefore, I hereby release the PALW and its employees, volunteers, and BOD from any and all liability for damages accruing as a result of any accident or injury which may occur.*

**Ethnicity:**

***The Office of Management and Budget (OMB) requires the collection of the following data on race, ethnicity, and income for purpose, programs, and civil rights compliance reporting. Thank you for your cooperation.***

**Ethnicity (Select all that apply):**                      **Hispanic or Latino** \_\_\_\_\_ **Not Hispanic or Latino** \_\_\_\_\_

**Race (Select one or more):**

**Black / African American** \_\_\_\_\_  
**Asian** \_\_\_\_\_  
**Native Hawaiian or Other Pacific Islander** \_\_\_\_\_  
**American Indian or Alaskan** \_\_\_\_\_  
**Other Multi-Race** \_\_\_\_\_

**Check Applicable Category:**

**Single (Non-Elderly)** \_\_\_\_\_                      **Elderly (62 or older)** \_\_\_\_\_  
**Related / Single Parent** \_\_\_\_\_                      **Related/Two Parent** \_\_\_\_\_

**Total Number in Household:** \_\_\_\_\_