



# Auburn PAL Center

## Emergency Contact Information



Any information requested is for our records. The answers you provide will be kept completely confidential. NO child will be permitted to participate in any PAL activity until this form is completed and signed by a parent/guardian. Return completed application to APD, 60 Court Street or fax to 333-3855.

### CHILD INFORMATION *(please print)*:

First name:		Middle name:	Last name:
Birth date:	Gender: ___ Male ___ Female	School:	Grade:

### PARENT/GUARDIAN INFORMATION *(please print)*:

First name:	Last name:	Gender: ___ Male ___ Female
Address:		Phone:
		Phone:
First name:	Last name:	Gender: ___ Male ___ Female
Address:		Phone:
		Phone:
Parent e-mail address:		
In case of emergency, contact (other than parent/guardian):		Phone:
		Relationship:

### MEDICAL INFORMATION *(required)*:

Doctor:	Phone:
Insurance carrier:	Policy #:
List ANY special medical conditions (allergies), behavioral problems and/or activities in which your child may not participate.	

## HOUSEHOLD INFORMATION *(required)*:

Please complete this information for your child. This data assists 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 necessary and appreciated. Thank you.

Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic/Latin American <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other (specify) _____	Total # of people residing in child's household:
Combined household income:  <input type="checkbox"/> Less than \$20,000 <input type="checkbox"/> \$20,000 – \$30,000 <input type="checkbox"/> \$30,000 – \$40,000 <input type="checkbox"/> More than \$40,000	My family qualifies for the free or reduced lunch program: <input type="checkbox"/> yes <input type="checkbox"/> no  My family receives benefits (welfare, food stamps, social security): <input type="checkbox"/> yes <input type="checkbox"/> no

## PARENT/GUARDIAN AUTHORIZATIONS *(required)*:

Please read each of the following an **initial each one** indicating that you understand & acknowledge what you have read.

<input type="checkbox"/> I understand that the PAL Center is a "drop-in" program, not a day- or evening-care facility and that my child is FREE TO LEAVE the PAL Center at any time.
<input type="checkbox"/> I understand that it is my responsibility to set the rules with my child about coming to and leaving the PAL Center.
<input type="checkbox"/> I understand that once my child leaves the PAL Center building, they are no longer considered to be under the supervision of the PAL staff/volunteers.
<input type="checkbox"/> I will not hold PAL Center staff, volunteers, sponsors, organizers, the City of Auburn or the Auburn Police Department responsible for any injuries or unforeseen accident to my child while he/she is participating in any PAL activity.
<input type="checkbox"/> I understand that minimal supervision is provided at the PAL Center.
<input type="checkbox"/> I give my permission for any photographs, images, videos or digital prints of my child to be used by Auburn PAL to promote PAL and its programs.
<input type="checkbox"/> I hereby agree to indemnify and hold harmless Auburn, Maine, the Auburn Police Department, Auburn PAL, and any of its employees, agents, and volunteers from and against any and all claims brought by any third party arising out of or in connection with said child's participation in any such activities associated with Auburn PAL.
<input type="checkbox"/> In the event of sudden illness, accident or injury which may occur while the above named minor is engaged in the activities supervised by the Auburn Police Department and/or Auburn PAL, and its representatives, employees, Agents or assignees, when neither the minor's parent(s), guardian(s), designated medical provider or emergency contact can be reached, I hereby give my consent for emergency treatment as necessary by any medical provider licensed under the laws of the State of Maine.
<input type="checkbox"/> I understand the following Auburn PAL rules and regulations: <ul style="list-style-type: none"> <li>• NO CRIMINAL ACTIVITY OF ANY KIND.</li> <li>• No weapons or anything resembling weapons. Any member caught with a weapon will be automatically suspended.</li> <li>• No smoking for youth or adults in or on the premises.</li> <li>• No disrespect to anyone.</li> <li>• No foul or vulgar language.</li> <li>• No inappropriate touching of any kind. No public displays of affection.</li> <li>• No bullying or intimidating other members</li> <li>• No fighting or play fighting. Fighting results in an automatic suspension.</li> <li>• No sagging pants, skimpy clothing, gang-related clothing, or clothing with alcohol, tobacco or drug products displayed.</li> <li>• Vandalism of the PAL Center or theft of any PAL property will result in automatic suspension.</li> <li>• Members are responsible for their own belongings. PAL is NOT responsible for any lost or stolen items.</li> <li>• Members must sign in and sign out at the registration window.</li> <li>• Once the center has reached capacity (according to fire code), no further members will be allowed to enter.</li> <li>• Members will respect themselves; respect other members, staff, volunteers and police officers; and respect the facility and surrounding neighborhood.</li> </ul>

Parent or guardian signature:	Member signature:	Date:
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PAL Center Use Only: Received  ID #  Date ID issued