



Banning Police Activities League, Inc.
Youth Membership Form
 P.O. Box 1511 Banning, CA 92220 (951) 840-8562



Youth Member:

Name: _____ Sex: M F
 Address: _____
 City: _____ State: _____
 Zip: _____
 Phone: _____ email address: _____
 Date of Birth: ___/___/___ Age: _____
 School: _____ Grade: _____
 Ethnicity (Optional): ___ African American ___ Hispanic ___ Native American ___ Other: _____
 ___ Asian/Pacific Islander ___ Caucasian ___ Eastern European
 Referred to BPAL by (if applicable): _____

Parent and/or Guardian:

Name: _____ *Relationship: _____ Age: _____
 Occupation: _____ Employer: _____
 Work Address: _____ Phone: _____
 Will you volunteer for BPAL? Yes ___ No ___ If yes, list skills/interest: _____
 *If you are a foster parent provide case worker and phone # here: _____
 Names of others living with you (family, relatives, friends...): _____
 My family is qualified for the Federal Free or Reduced Lunch Program: YES: ___ NO: ___
 My family receives benefits (welfare, food stamps, social security): YES: ___ NO: ___
IN CASE OF EMERGENCY CONTACT (Other than Parent/Guardian): _____
 Relationship: _____ Day Phone: _____ Night Phone: _____

Medical Information:

Doctor/Nurse Practitioner: _____ Phone: _____
 Insurance Carrier: _____ Policy#: _____
 1. Is the applicant a diabetic? YES ___ NO ___
 2. Is the applicant subject to seizures of any kind? YES ___ NO ___
 3. Are there any allergies or dietary restrictions? YES ___ NO ___
 4. Is the applicant currently under any medical treatment? YES ___ NO ___
 5. Does the applicant have a history of respiratory illness? YES ___ NO ___
 6. Has your child been diagnosed with ADHD or any behavior disorders? YES ___ NO ___
 If you answered **YES** to any question above, please explain (medications, special needs, etc.): _____

Waiver and Consent: In consideration of its allowances of my child to participate in its program, I hereby release and waive the Banning Police Activities League (BPAL), and its employees, agents, representatives, officers, and directors from any and all liability for any loss or injury sustained or incurred (including any loss or injury resulting from the representatives, officers, and directors) while my child participates in BPAL's program, or while s/he travels to or from BPAL's program. If I cannot be reached in the event of an emergency, I authorize any physician treating my child to perform any and all medical procedures which s/he determines to be medically appropriate under the circumstances. During any BPAL activity, media coverage (photography, interviews) may occur. I give my permission to BPAL record the image and/or voice of Minor in any medium for education, promotional, advertising or other purposes for the benefit of BPAL.

PARENT/GUARDIAN SIGNATURE: _____
YOUTH SIGNATURE: _____

www.banningpal.org

The Banning Police Activities League (B.P.A.L.) is a 501(c)(3) non-profit organization (IRS tax ID #31-596657) comprised of police officers and citizens from the City of Banning joining together to provide the youth of our city the tools necessary to succeed in life. This objective is met by involving the youth in sports and other activities by surrounding them with positive influences.

FOR BPAL USE ONLY:

Soccer Team - Freedom Riders - Ballet Folkloric Dancers - BPAL Dance Company
 Clubb Mudd Ceramics & Art - Saturday Sports & Activities - Cross Country Running - Other:

Date Waiver Received: _____ Shirt Size: _____ BPAL Shirt Issued: YES _____ Helmet Issued: YES _____