



Activity Registration Information 2009-2010

Must Attach: copy of birth certificate and most recent report card

Visit us at: www.jaxpal.com for more information on P.A.L.

PAL reserves the right to remove any participant for violation of the Youth Code of Conduct!

PAL ACADEMIC REQUIREMENT: I further agree to provide P.A.L. with a copy of my child's most recent report card and understand that P.A.L. will require any youth with a grade point average below **2.0** or who failed a core course grade recently or who is deemed academically at risk (by a coach or parent) to participate in FREE academic support classes (tutoring programs) at a P.A.L. location during designated dates and times. P.A.L. has a right to remove a participant from competition until it can be determined that academic progress is being made and/or the participant is attending the mandatory required academic class or after school program.

New Applicant: **Returning Participant:** **Sport/Camp:** _____ **Today's Date:** _____

Participant Information		Student ID#: _____	
Last Name: _____	First Name: _____	MI: _____	DOB: _____
Address: _____		Zip: _____	Sex: M or F Age: _____ Height _____
Current Grade: _____	School: _____	Uniform Size: YS YM YL AS AM AL AXL	

Is your child eligible for Free or Reduced Lunch? **Yes** **No**

(If your total Household Income is less than the amount shown next to the Household Size, then check YES)

1-> \$20,036	3-> \$33,874	5-> \$47,712	7-> \$61,550
2-> \$26,955	4-> \$40,793	6-> \$54,631	8-> \$ 68,469

(Each additional person add \$3,740)

Participants Ethnic Group: 1-) White/Caucasian 2-) African American 3-) Native American
 4-) Hispanic 5-) Asian/Pacific 6-) Multi-racial 7-) Other

Parent/Guardian/Foster Care/Primary Caregiver (completing the registration):	
Name: _____	Email (for PAL use only): _____
Relationship to Participant: (please circle one): <i>Mother Father Grandparent Other Relative Foster Parent Other</i>	
Marital Status: _____	Ethnic Group of Parent/Guardian/Caregiver: _____
Address: _____	
City: _____	Zip: _____
Home Phone #: _____	Work #: _____
Cell #: _____	
Other Emergency Contact Name _____	Phone #: _____

Medical Information
Physician Name: _____ Phone: _____
Does your child have any special medical needs? <input type="checkbox"/> Yes <input type="checkbox"/> No
(If "Yes" please explain): _____

Please check if you would like to Volunteer or Coach at PAL: **Yes** **No** (If "Yes" indicate program): _____

