

YAKIMA POLICE ATHLETIC LEAGUE
PHONE: 509 575-6180 ADDRESS: 602 N 4TH ST. YAKIMA WA 98901
YOUTH MEMBERSHIP/WAIVER FORM:

Youth Membership Fee \$20 for all youth, or \$10 for youth who qualify for free or reduced lunch with attached proof (such as lunch program acceptance letter from school) Community Service also available as payment. (Ask when you submit application)

YOUTH MEMBER	Last name:		First name:		Middle:
Date of birth:	Age:	Sex:	School:	Grade:	
Address:		City:	ZIP Code:	Phone:	
Ethnicity (Optional): <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Asian-Pacific Islander <input type="checkbox"/> Eastern European <input type="checkbox"/> Other _____					
Referred to YPAL by (if applicable):					
PARENT (and/or) GUARDIAN:	Name:			Relationship:	
Age:	Occupation:	Employer:	Address:		
Phone:	Will you volunteer for YPAL?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list skills/interests:					
*If you are a foster parent provide case worker information: Name: _____ Phone: _____					
Names of others living with you (family, relatives, friends...)					
My family is qualified for the Federal 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
IN CASE OF EMERGENCY CONTACT (Other than parent/Guardian):					
Name:		Relationship:		Phone:	
Medical Information:	Doctor/Nurse Practitioner:			Phone:	
Insurance carrier:			Policy #:		
1. Is the applicant a diabetic? 2. Is the applicant subject to seizures of any kind? 3. Are there any allergies or dietary restrictions? 4. Is the applicant currently under any medical treatment? 5. Does the applicant have a history of respiratory illness? 6. Has your child been diagnosed with ADHD or any behavioral disorders?					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered <u>YES</u> to any questions above, please explain (medication, special needs, etc)					
Waiver and consent in consideration of it's allowances of my child to participate in its program: I hereby release and waive the Yakima Police Athletic League (Y-PAL), the City of Yakima and it's 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 YPAL programs, or while he/she travels to or from YPAL programs. 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 he/she determines to be medically appropriate under the circumstances. During any YPAL activity, media coverage (photography, interviews) may occur. Please check no if you do not wish to have your child photographed or interviewed. <input type="checkbox"/> No					
PARENT/GUARDIAN SIGNATURE:				DATE:	