



Membership Information Form

Norristown PAL
1101 Harding Blvd.
Norristown, PA 19401

**Philadelphia PowerPlay members only have
to fill out the HIGHLIGHTED sections.**

P: (610) 278-8040

F: (610) 278-8055

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. Required fields are denoted with an asterisks(*)

Head of Household (Please Print)

First Name:*

Last Name:*

Gender:

 Male Female

Family Income:

- 0 -10,000
- 10,000-25,000
- 25,001-40,000
- 40,001-50,000
- Over 50,000

Address:

(Line 1)
(Line 2)
(City)
(State)

Address Type:

 Home Work _____
(Zip Code)

Phone Number:

 () - () -

Phone Type:

 Home Work _____ Home Work _____

Family Size:

E-Mail Address:

E-Mail Type:

 Home Work _____

Employer:

Job Title:

Occupation:

Parents / Guardian (Please Print)

First Name:

Last Name:

Gender:

 Male Female

Address:

(Line 1)
(Line 2)
(City)
(State)

Address Type:

 Home Work _____
(Zip Code)

Phone Number:

 () - () -

Phone Type:

 Home Work _____ Home Work _____

E-Mail Address:

E-Mail Type:

 Home Work _____

Employer:

Job Title:

Occupation:

Member Information (Please Print)

First Name:*

Middle Name:

Last Name:*

Birth Date:

Social Security Number::

Gender:

Male
 Female

Ethnicity:

African American Asian Caucasian Hispanic
 Mixed Other (not listed)

Membership Type:*

Adult Fitness-\$175
 Adult Programs-\$25
 Law Enforcement
 Senior Fitness-\$25
 Youth-\$10

Pick up Authorization Password:

School:

Grade:

Household Type:

1 Parent 2 Parent Foster Care

Family Setting:

Check all that Apply:

TANF
 Food Stamps
 General Assistance
 SSDI
 SSI
 Veterans Compensation
 Day Care Voucher
 School Lunch
 Medicaid

Address:

(Line 1)

(Line 2)

(City) (State)

Address Type:

Home
 Work _____
(Zip Code)

Phone Number:

() -

Phone Type:

Home Work _____

E-Mail Address:

E-Mail Type:

Home Work _____

Member Medical Information (Please Print)

Insurance Company::

Medications:

Medical Problems/Allergies:

Insurance Policy Number::

Physician:

Physician Phone:

Disabilities:

Hospital::

Hospital Phone::

Pick Up Information (Please Print)

Two people authorized to pick up member -

1.) First Name:

Last Name:

Home Work

Parent

Guardian

Emergency Contact

Primary Emergency Contact

Lives With Member

2.) First Name:

Last Name:

Home Work

Parent

Guardian

Emergency Contact

Primary Emergency Contact

Lives With Member

The Norristown PAL also uses the following fields to learn more about your child. Please check one item from each group below.

Avg. Grades: ___ A
 ___ B
 ___ C
 ___ D
 ___ F

TKD ONLY: ___ TKD Only

TKD Only:

I have read the completed application, understand the rules of the Norristown PAL and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter and agree that the Norristown PAL will not be responsible for any accident to the boy/girl while on the Norristown PAL premises or while engaged in any of its activities away from the Norristown PAL. I give my consent for photographs, in which my son/daughter may appear, to be used in any way the Norristown PAL may care to use them.

By signing this I acknowledge that my my child is subject PAL's disciplinary policies and that he/she may be suspended or expelled from PAL for violating PAL regulations. (policy can be viewed at www.norristownpal.org).

I also give permission to for Norristown PAL staff to access my child's academic information from their local school or district. I understand that this is done to determine academic eligibility for sports and recreational activities. I also understand that my child can be suspended from PAL sports or recreational programs should their academic performance not meet PAL's standards.

Parent or Guardian Signature

Member's Signature

Date