## Membership Information Form



Norristown PAL 1101 Harding Blvd. Norristown, PA 19401

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:	Address:					Address Type:
0 -10,000 10,000-25,000 25,001-40,000	(Line 1)					Home
	(Line 2)					Work
40,001-50,000 Over 50,000			1			
	(City)		(State)			(Zip Code)
	Phone Numbe	er:			Phone Ty	pe:
	( )	-			Home	Work     Work
		-			Home	Work
						<u> </u>
Family Size:	E-Mail Addres	s:			E-Mail Ty	pe:
					Home	□ Work □
Employer:		Job Title:			Occupati	on:
Parents / Guardian (P	lease Print)					
First Name:		Last Name:			Gender:	
					Male	Female
Address:				Address Ty	pe:	
(Line 1)				Home	•	
(Line 2)				Work [		
(City)	(State)			(Zip Code)		
Phone Number:			Phone Ty	/pe:		
( ) -			Home	Work [	□	
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·, ·						
E-Mail Address:			E-Mail Ty			
			Home	Work (	□	
Employer:		Job Title:			Occupati	on:

First Name:*       Middle Name:       Last Name:*         Birth Date:       Social Security Number::	Member Information	(Please Print)			
Image:	First Name:*	Middle Name:		Last Name:*	
Image:					
Image:	1			<u> </u>	
Gender:       Ethnicity:         Male       _African AmericanAsianCaucasianHispanic         Mixed       _Other (not listed)         Membership Type:*       Pick up Authorization Password:         _Adult Fitness-\$175       _Adult Forcement         _Adult Forcement       School:         Senior Fitness-\$25       _Caucasian         Household Type:       Family Setting:         1       Parent         _2       Parent         _Food Stamps       (Line 1)         General Assistance       SSDi         SSDi       SSDi         SSDi       Cheve Number:         Phone Number:       Phone Number:         Phone Number:       Phone Type:         School Lunch       E-Mail Address:		Birth Date:		Social Security Number::	
Male		/	/	· ·	
Male	Condor	Ethniaitu:			
MixedOther (not listed)     Membership Type:*        Adult Fitness-\$175   Adult Fitness-\$175   Adult Programs-\$25   Law Enforcement   Senior Fitness-\$25   Youth-\$10     Household Type:  1 Parent  2 Parent  2 Parent     Foster Care     General Assistance   General Assistance   General Assistance   Chey Veterans Compensation   Day Care Voucher   School Lunch   Mixed        Mixed           Medicaid			an C	aucasian Hispanic	
Membership Type:*       Pick up Authorization Password:         Adult Fitness-\$175         Adut Programs-\$25         Law Enforcement         Senior Fitness-\$25         Youth-\$10         Household Type:         Family Setting:         1 Parent         2 Parent         Foster Care         Check all that Apply:         Address:         General Assistance         (Line 1)         General Assistance         (City)         SSI         Phone Number:         Phone Number:         Phone Type:         (Line 1)					
Adult Fitness-\$175 Adult Programs-\$25 Law Enforcement Senior Fitness-\$25 Youth-\$10 Household Type: -1 Parent2 ParentFoster Care -2 ParentFoster Care Check all that Apply: Address: Address Type: Check all that Apply: Address: Address Type: Check all that Apply: Address: Address Type: (Line 1) (Line 2) (City) (State) (Zip Code) Phone Number: Phone Type: Check all Address: E-Mail Address: E-Mail Type:	Female				
Adult Fitness-\$175 Adult Programs-\$25 Law Enforcement Senior Fitness-\$25 Youth-\$10 Household Type: -1 Parent2 ParentFoster Care -2 ParentFoster Care Check all that Apply: Address: Address Type: Check all that Apply: Address: Address Type: Check all that Apply: Address: Address Type: (Line 1) (Line 2) (City) (State) (Zip Code) Phone Number: Phone Type: Check all Address: E-Mail Address: E-Mail Type:					
Adult Fitness-\$175 Adult Programs-\$25 Law Enforcement Senior Fitness-\$25 Youth-\$10 Household Type: -1 Parent2 ParentFoster Care -2 ParentFoster Care Check all that Apply: Address: Address Type: Check all that Apply: Address: Address Type: Check all that Apply: Address: Address Type: (Line 1) (Line 2) (City) (State) (Zip Code) Phone Number: Phone Type: Check all Address: E-Mail Address: E-Mail Type:					
Adult Programs-\$25 Law Enforcement Senior Fitness-\$25 Youth-\$10 Household Type: - 1 Parent2 ParentFoster Care Check all that Apply: Address:	Membership Type:*	Pick up Authorization Pas	sword:		
Law Enforcement Senior Fitness-\$25 Youth-\$10 Household Type: - 1 Parent _2 Parent _Foster Care Check all that Apply: Address:					
Senior Fitness-\$25       Senior Fitness-\$25         Youth-\$10       Family Setting:         Household Type:       Family Setting:         1 Parent       _2 Parent       _Foster Care         Check all that Apply:       Address:       Address Type:         TANF       [Line 1)       [Home         Food Stamps       [City)       (State)       [Zip Code)         SSD1       [City)       (State)       [Zip Code)         Veterans Compensation       Phone Number:       Phone Type:				Grada:	
Household Type:       Family Setting:         -1 Parent       _2 Parent       _Foster Care	Senior Fitness-\$25				
1 Parent       _2 Parent       _Foster Care         Check all that Apply:       Address:       Address Type:         TANF	Youth-\$10				
1 Parent       _2 Parent       _Foster Care         Check all that Apply:       Address:       Address Type:         TANF					
1 Parent       _2 Parent       _Foster Care         Check all that Apply:       Address:       Address Type:         TANF					
1 Parent       _2 Parent       _Foster Care         Check all that Apply:       Address:       Address Type:         TANF					
Check all that Apply: Address:   Check all that Apply: Address:   TANF				etting:	
TANF	I Parent	2 ParentFoster	Care		
TANF					
Food Stamps   General Assistance   SSDI   SSI   Veterans Compensation   Day Care Voucher   School Lunch   Medicaid     Food Stamps     (Line 2)   (Line 2)   (City)     (City)     Phone Number:   Phone Number:     Phone Number:     Phone Number:     Phone Number:     Phone Number:     Phone Number:     Phone Type:     Home     Work     Zip Code)     Phone Number:     Phone Type:     Home     Work     E-Mail Address:     E-Mail Type:	Check all that Apply:	Address:			
General Assistance   SSDI   City)   Veterans Compensation   Day Care Voucher   School Lunch   Medicaid     E-Mail Address:     E-Mail Address:     Image: Compensation     (Line 2)   (City)   (City)        Phone Number:           Phone Number: <td></td> <td>(Line 1)</td> <td></td> <td>Home</td>		(Line 1)		Home	
General Assistance       Image: Comparison of the second sec					
SSI       City)       State)       City Code)         Veterans Compensation       Phone Number:       Phone Type:         Day Care Voucher       Image: Home					
Veterans Compensation       Phone Number:       Phone Type:         Day Care Voucher       ()       -         School Lunch       E-Mail Address:       E-Mail Type:		(City)	(State)	(Zip Code)	
Day Care Voucher       ( )       -	-	Phone Number:		Phone Type:	
School Lunch     Image: Constraint of the second seco					
	- ·				
Home Work	Medicaid	E-Mail Address:	1	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:	2.) First Name:	Last Name:
( ) -	Home Work	( ) -	Home Work
Parent	Emergency Contact	Parent	Emergency Contact
Guardian	Primary Emergency Contact	Guardian	Primary Emergency Contact
	Lives With Member		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	TKD ONLY: TKD Only
D F	
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 elegibility 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