



# P.A.L.

## Greater Melbourne Police Athletic League, Inc.

### Registration Form

Grant Street Community Center  
2547 S. Grant, Melbourne, FL 32901  
Office: 953-6251 / fax: 953-8244

Circle One:

Date: \_\_\_\_\_

Basketball Weight Lifting Football Youth Leadership Program (YLP) Summer Camp

Volleyball Music Boxing Bowling Other \_\_\_\_\_

**COPY of BIRTH CERTIFICATE or SCHOOL DOCUMENT WITH BIRTH DATE IS REQUIRED TO REGISTER.**  
Please completely fill out the following information to register: **ATTACH CURRENT PHOTO**

Name: \_\_\_\_\_  
Last First Middle Nickname

Address: \_\_\_\_\_  
Street City State Zip Code

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ SSN \_\_\_\_\_

**CIRCLE ALL that apply in each category:**

Sex: Male Female

Race: Caucasian African American Latino Asian Native American Other: \_\_\_\_\_  
African American/Caucasian Asian/Caucasian Caucasian/Latino African American/Latino

School Information: Grade (1st – 12<sup>th</sup>): \_\_\_\_\_ School Name: \_\_\_\_\_

Does the participant have any medical problems or concerns that may interfere with his/her participation? (If yes, please list) \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone/Pager Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Which applies to you or have applied to you?

- \_\_\_\_\_ History of currently suspended or expelled from school
- \_\_\_\_\_ Does parent suspect any drug or alcohol use?
- \_\_\_\_\_ Presence of family functioning problems such as poor supervision, lack of parental
- \_\_\_\_\_ Antisocial or criminal thinking and attitudes
- \_\_\_\_\_ Antisocial or criminal peers
- \_\_\_\_\_ Callous Personality
- \_\_\_\_\_ Suspended from School

|   |                                    |                     |
|---|------------------------------------|---------------------|
| <i>For Staff Use Only!</i>                    |                                    |                     |
| Age Division: _____<br>(Age on September 1st) | Team Name: _____                   | Shirt Size: _____   |
| Date Birth Certificate Received: _____        | Date Picture Received/Taken: _____ |                     |
| Amount Paid: _____                            | Check No.: _____                   | Paid by Cash: _____ |