



# Greater Melbourne Police Athletic League (PAL)

2547 South Grant Street  
Melbourne, FL 32901  
(321) 953-6251  
(Form Revision 19 December 2008)



## Registration Form Attach a Recent Photo of Youth Copy of Birth Certificate

**Check One:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Basketball** \_\_\_\_\_ **Youth Leadership Program (YLP)** \_\_\_\_\_ **Police Explorer** \_\_\_\_\_

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

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

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

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **S.S #** \_\_\_\_\_

**Check one of the following in each category:**

**Sex:** Male \_\_\_\_\_ Female \_\_\_\_\_

**Race:** Caucasian \_\_\_\_\_ African American \_\_\_\_\_ Latino \_\_\_\_\_ Asian \_\_\_\_\_ Native American \_\_\_\_\_

**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 (Print):** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Alternate Phone/Cell Number:** \_\_\_\_\_

**Email Address 1:** \_\_\_\_\_

**Email Address 2:** \_\_\_\_\_

Which applies to you or have applied to you?

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

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