



## Berkeley Boosters P.A.L. Member Information Form

Mailing Address:  
P.O.Box 17  
Berkeley, CA 94701

Office Address:  
1642 University Ave  
Berkeley, CA 94703

**Phone: (510) 845-7193**

**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.

### MEMBER INFORMATION (Please Print)

First Name: <input style="width: 100%; height: 20px;" type="text"/>	Middle Name: <input style="width: 100%; height: 20px;" type="text"/>	Last Name: <input style="width: 100%; height: 20px;" type="text"/>
Birth Date: <input style="width: 100%; height: 20px;" type="text"/> / <input style="width: 10%; height: 20px;" type="text"/> / <input style="width: 10%; height: 20px;" type="text"/>	Age: <input style="width: 100%; height: 20px;" type="text"/>	Ethnicity: Hispanic / Latino <input type="checkbox"/> Yes <input type="checkbox"/> No
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: (Single Race Categories) (Multiple Race Categories) <input type="checkbox"/> African American / Black <input type="checkbox"/> AI / Alaskan and Black <input type="checkbox"/> Asian <input type="checkbox"/> AI / Alaskan and White <input type="checkbox"/> White <input type="checkbox"/> Asian and White <input type="checkbox"/> American Indian / Alaskan <input type="checkbox"/> Black and White <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other _____	
Membership Type: <input type="checkbox"/> Outdoor Adventure Club <input type="checkbox"/> Summer Camp <input type="checkbox"/> PAL Sports Team <input type="checkbox"/> PAL KB / radKIDS <input type="checkbox"/> Special Event / RISE	School: <input style="width: 100%; height: 20px;" type="text"/>	Grade: <input style="width: 100%; height: 20px;" type="text"/>
Pick-up Password: <input style="width: 100%; height: 20px;" type="text"/>		
Check All That Apply: <input type="checkbox"/> Single Female Headed Family <input type="checkbox"/> Disabled <input type="checkbox"/> Homeless <input type="checkbox"/> Chronically Homeless		
# of Child(ren) in Household: <input style="width: 100%; height: 20px;" type="text"/>	Name(s) / Age(s) of Child(ren): <input style="width: 100%; height: 20px;" type="text"/>	

### Medical Information (Please Print)

Insurance Company: <input style="width: 100%; height: 20px;" type="text"/>	Medical Problems / Allergies: <input style="width: 100%; height: 40px;" type="text"/>
Insurance Policy Number: <input style="width: 100%; height: 20px;" type="text"/>	Medications: <input style="width: 100%; height: 30px;" type="text"/>
Date of Last Tetanus: <input style="width: 100%; height: 20px;" type="text"/>	
Physician: <input style="width: 100%; height: 20px;" type="text"/>	Disabilities: <input style="width: 100%; height: 30px;" type="text"/>
Hospital: <input style="width: 100%; height: 20px;" type="text"/>	

**PARENT / GUARDIAN INFORMATION (Please Print)**

First Name: <input style="width: 100%;" type="text"/> (Guardian 1)	Last Name: <input style="width: 100%;" type="text"/>	Relationship to Member: <input style="width: 100%;" type="text"/>
(Guardian 2) <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Household Income: <input type="checkbox"/> \$6,000-\$9,999 <input type="checkbox"/> \$10,000-\$13,999 <input type="checkbox"/> \$14,000-\$17,999 <input type="checkbox"/> \$18,000-\$21,999 <input type="checkbox"/> \$22,000-\$25,999 <input type="checkbox"/> \$26,000-\$29,999 <input type="checkbox"/> \$30,000-\$33,999 <input type="checkbox"/> \$34,000-\$37,999 <input type="checkbox"/> \$38,000-\$41,999 <input type="checkbox"/> \$42,000-\$45,999 <input type="checkbox"/> \$50,000+	Primary Address: <input style="width: 100%; height: 40px;" type="text"/>	
	Secondary Address: <input style="width: 100%; height: 40px;" type="text"/>	
	Phone Number: (    )    - (    )    - (    )    -	Phone Type: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Family Size: <input style="width: 100%; height: 20px;" type="text"/>	E-Mail Address: <input style="width: 100%; height: 20px;" type="text"/>	
Please Indicate Education Level:		
(Guardian 1) <input type="checkbox"/> Some High School <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate		
(Guardian 2) <input type="checkbox"/> Some High School <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate		

**Emergency Contact Information (Please Print)**

1) First Name: <input style="width: 100%; height: 25px;" type="text"/>	Last Name: <input style="width: 100%; height: 25px;" type="text"/>	Check All That Apply: <input type="checkbox"/> Authorized to Pick Up <input type="checkbox"/> Primary Emergency Contact <input type="checkbox"/> Lives with Member
Relationship: <input style="width: 100%; height: 25px;" type="text"/>	Telephone: <input style="width: 100%; height: 25px;" type="text"/>	
2) First Name: <input style="width: 100%; height: 25px;" type="text"/>	Last Name: <input style="width: 100%; height: 25px;" type="text"/>	Check All That Apply: <input type="checkbox"/> Authorized To Pick Up <input type="checkbox"/> Primary Emergency Contact <input type="checkbox"/> Lives with Member
Relationship: <input style="width: 100%; height: 25px;" type="text"/>	Telephone: <input style="width: 100%; height: 25px;" type="text"/>	
Pick Up Password: <input style="width: 100%; height: 25px;" type="text"/>		

**Berkeley Boosters P.A.L.**  
Liability Waiver

**ASSUMPTION OF RISK AND RELEASE OF LIABILITY:**

As the parent or legal guardian of the above named participant, I hereby give my consent for my child, named above, to participate in the scheduled activities of the Berkeley Boosters/Police Activities League/The Pegasus Project/Modern Combatives/radKIDS. **This consent is to remain in effect from July 1st, 2010 to Jun 30th, 2011.** In granting this consent I recognize that some of the scheduled activities may be inherently dangerous and I agree to pay for my child's medical expenses. I certify that to the best of my knowledge my child is medically fit to participate in such activities without danger or compromise to his/her health and well-being, except as described above. I further authorize and consent to any X-ray examination, anesthetic, medical, or surgical treatment and hospital care rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act or a Dentist licensed under the provisions of the Dental Practice Act. I understand that all efforts shall be made to contact me prior to rendering treatment to my child, but any of the above treatment will not be withheld if I cannot be reached. This authorization is given pursuant to the provisions of the California Family Code. In consideration of the acceptance of my child as a participant in the programs of the Berkeley Boosters/Police Activities League/The Pegasus Project/Modern Combatives/radKIDS I agree to assume all risks attendant upon myself, and my child. I agree to indemnify and hold harmless from liability the Berkeley Boosters/Police Activities League/The Pegasus Project/Modern Combatives/radKIDS, its agents, servants, or employees by reason of any accident, death, injury or damages, to persons or property, which I or my child may suffer while participating in these programs. This release is intended to discharge in advance the Berkeley Boosters/Police Activities League/The Pegasus Project/Modern Combatives/radKIDS even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. In addition I give my consent for photographs or use of images, in which my son/daughter may appear, to be used in any way the Berkeley PAL/Berkeley Yacht Club may care to use them. I also give my consent for the Berkeley Unified School District (BUSD) to release information related to my child's attendance, behavior, and academic records to the Berkeley Boosters/Police Activities League.

**I have read and understand the above ASSUMPTION OF RISK AND RELEASE OF LIABILITY.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Booster Staff Person \_\_\_\_\_ Date \_\_\_\_\_