



Police Athletic League

Member #: _____
For Office Use Only

Manchester Police Athletic League Youth Member Registration Form

Membership is FREE but required to participate in any MPAL program

Child's Full Legal Name _____ Preferred name/nickname _____

Date of Birth _____ Gender _____ Grade _____ School _____

Child's Home Street Address _____ City _____ State _____ Zip _____

Race: ___ White ___ Black or African American ___ American Indian or Alaska Native ___ Asian ___ Native Hawaiian or Pacific Islander

Ethnicity: ___ Hispanic or Latino ___ Not Hispanic or Latino Languages spoken: _____

How did you hear about MPAL? _____ ACERT Referral? Yes ☐

Parent / Legal Guardian # 1: _____ Allowed to pickup? ___ Yes ___ No

Relationship to child: _____

Street Address _____ City _____ State _____ Zip _____

Cell Phone _____ Work Phone _____ Languages spoken _____

Email Address: _____ Has custody rights? ___ Yes ___ No

Parent / Legal Guardian # 2: _____ Allowed to pickup? ___ Yes ___ No

Relationship to child: _____

Street Address _____ City _____ State _____ Zip _____

Cell Phone _____ Work Phone _____ Languages spoken _____

Email Address: _____ Has custody rights? ___ Yes ___ No

Emergency Contact when parent / guardian can not be reached: _____ Allowed to pickup? ___ Yes ___ No

Name: _____ Relationship to child: _____

Cell Phone _____ Work Phone _____ Languages spoken _____

Form continues on the next page...

Additional Person authorized to pick up child (optional):

Name: _____ Relationship to child: _____

Cell Phone _____

Work Phone _____

Languages spoken _____

MPAL reserves the right to contact authorities and/or arrange alternate transportation if authorized pickup person appears intoxicated.

I grant MPAL permission to:

Allow my child to walk home from MPAL programs **un**accompanied by a parent, legal guardian, or authorized adult: _____Yes _____No

Include my child in field trips using MPAL designated transportation: _____Yes _____No

Use photographs or video of my child for promotional purposes: _____Yes _____No

Please list any chronic conditions, allergies, or medications that may affect your child's participation in MPAL activities:

Is your child prescribed any emergency medication (e.g. inhaler, EpiPen)? _____Yes _____No If yes, list here and describe conditions that would require its use. You must assume responsibility for your child bringing any emergency medication that may be needed to ALL MPAL activities.

Manchester Police Athletic League is NOT an allergen-free facility.

Does your child have health insurance? _____Yes _____No If yes, which parent/legal guardian is the responsible party? _____

Permission to Participate / Release and Waiver of Liability

- I certify that I am the parent / legal guardian of the child named above and consent to their participation in MPAL activities, which may include, but are not limited to: athletic activities such as Aikido, Baton Twirling, Boxing, Dodgeball, Jiu Jitsu, Skateboarding, Strength Training, and Wrestling; life skills instruction such as cooking and social emotional education; and a wide variety of active games, crafts, and hobbies.
- I represent that my child is physically fit and capable of participating in MPAL activities without medical restriction.
- I understand that participation in and transportation to and from MPAL activities includes inherent risks associated with athletic activity, transportation, cooking, eating, and participating in group activities involving youth and adult staff and volunteers that may result in serious injury or death and by allowing my child to participate in MPAL activities I knowingly and voluntarily assume all such risks.
- I give MPAL permission to provide or obtain medical care for any condition arising during participation in, or transportation to and from, an MPAL activity, including transportation by ambulance to a medical facility, treatment by first responders, and medical or surgical treatment recommended by a doctor.
- I accept the risk of injury and assume all liability and expenses incurred as the result of an injury which occurs during or while being transported to or from an MPAL activity, including ambulance charges, copays, deductibles, and any medical provider or facility fee not covered by insurance.
- I understand and accept the condition that MPAL and its staff, volunteers, directors, officers, and program partners will not be held liable for any injuries that may occur at the MPAL facility or any other activity location or while being transported to or from an MPAL activity.
- I hereby release from liability, waive all claims against, discharge and covenant not to sue MPAL and/or its staff, volunteers, officers, directors, or agents for any and all personal injury and/or death and/or property damage suffered by my child while participating in any MPAL activity or otherwise within the MPAL facility or on MPAL property or within a facility or on property visited as part of an MPAL activity.
- I hereby assume full responsibility for, and the risk of, bodily injury, death, or property damage suffered by my child caused by the negligence of any MPAL staff, volunteers, officers, directors, or agents while my child is participating in any MPAL activity or otherwise within the MPAL facility or on MPAL property or within a facility or on property visited as part of an MPAL activity.
- I have fully read and voluntarily signed this release and Waiver of Liability, and further agree that no oral representations, statements, or inducements apart from foregoing written agreement have been made.
- I, the undersigned, swear that all information provided on this Member Registration Form is true as of the date noted below. I agree to notify MPAL in writing of any changes.

Signature of Parent / Legal Guardian: _____ Date: _____

Printed Name of Signer: _____

Please provide requested information on the attached questionnaire.

Office Use Only: Photo Taken _____ Card Issued _____ Entered into Remind _____ Entered into system by _____ on date _____
Form Updated 3/25/2025



MPAL New Member Questionnaire

*Have there been any significant changes in your child's life recently that we should be aware of?

*Is there anything else you would like to share that will help us to better serve your child?

The following information will NOT be attached to your child's record. It is solely for collecting and analyzing data in the aggregate to better understand our members and provide overviews of the population we serve to funders who help us keep MPAL programs free for families.

Overall my feelings toward police officers are: ☐ Positive ☐ Neutral ☐ Negative

Comments:

Annual Household Income:

- | | | |
|--|--|--|
| ☐ Less than \$10,000 | ☐ \$40,000 - \$44,999 | ☐ \$75,000 - \$79,999 |
| ☐ \$10,000 - \$14,999 | ☐ \$45,000 - \$49,999 | ☐ \$80,000 - \$84,999 |
| ☐ \$15,000 - \$19,999 | ☐ \$50,000 - \$54,999 | ☐ \$85,000 - \$89,999 |
| ☐ \$20,000 - \$24,999 | ☐ \$55,000 - \$59,999 | ☐ \$90,000 - \$94,999 |
| ☐ \$25,000 - \$29,999 | ☐ \$60,000 - \$64,999 | ☐ \$95,000 - \$99,999 |
| ☐ \$30,000 - \$34,999 | ☐ \$65,000 - \$69,999 | ☐ \$100,000 or more |
| ☐ \$35,000 - \$39,999 | ☐ \$70,000 - \$74,999 | |

Who lives with the child at home?

- ☐ Both parents
- ☐ Mother only
- ☐ Father only
- ☐ Mother and Stepparent
- ☐ Father and Stepparent
- ☐ Grandparent
- ☐ Guardian

How many siblings/step siblings live at home? _____

Total number of people in the household: _____