



**P**OLICE **A**THLETIC **L**EAGUE  
OF BUFFALO, INC.

**PARTICIPANT ENROLLMENT FORM**

**Activity: PAL Summer Basketball 2019**  
**SITE/Activity**

NAME \_\_\_\_\_  
LAST FIRST MI

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

Email \_\_\_\_\_

CHECK ALL THAT APPLY BELOW: You can check more than one box.

- WHITE       ASIAN       NATIVE AMERICAN/ALASKAN       PACIFIC ISLANDER  
 BLACK       HISPANIC       OTHER

CHILD LIVES WITH:  MOTHER     FATHER     BOTH     OTHER \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

EMERGENCY CONTACT - NAME \_\_\_\_\_ PHONE \_\_\_\_\_

DOES YOUR CHILD HAVE ANY PHYSICAL HANDICAPS/ALLERGIES/HEALTH CONDITIONS THAT MAY LIMIT PARTICIPATION?     NO     YES

IF YES, SPECIFY \_\_\_\_\_

In consideration of my child(ren)'s participation in the programs sponsored by the Police Athletic League of Buffalo (PAL), the undersigned hereby agrees not to sue, and hereby releases the PAL, its Board of Directors, members, agents, employees and volunteers from any and all liability for any damage or injury to me/my child(ren) or to the property, sustained by me/my child(ren) caused or resulting from any cause whatsoever. I also acknowledge that I assume all risk of injury from such participation in activities at any PAL facility or other program site and acknowledge that photographs of my child(ren) participating in this program may be used for promotion of PAL activities. By signing this release, I swear my/their participation in the intended use of the facility or program by me/my child(ren).

\_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

**Applicants must also fill out Client Characteristic form in order to be eligible to participate in PAL programs**

# CLIENT CHARACTERISTIC FORM - YEAR 44

## Public Services - Limited Clientele Activities October 1, 2018 – September 30, 2019

PLEASE COMPLETE SECTIONS 1 to 7 ON THIS FORM. THIS INFORMATION FOR STATISTICAL PURPOSES ONLY.

DATE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

**1. Household income: (circle one income level)** Based on number of members living in your household, including yourself.

Income Limits	1 Person Household	2 Person Household	3 Person Household	4 Person Household
Ext. Low	\$15,700 or less	\$17,950 or less	\$20,200 or less	\$22,400 or less
Low	\$26,150 or less	\$29,900 or less	\$33,650 or less	\$37,350 or less
Low to Mod	\$41,850 or less	\$47,800 or less	\$53,800 or less	\$59,750 or less
Mod	\$41,851 or more	\$47,801 or more	\$53,851 or more	\$59,751 or more
Income Limits	5 Person Household	6 Person Household	7 Person Household	8 Person Household
Ext. Low	\$24,200 or less	\$26,000 or less	\$27,800 or less	\$29,600 or less
Low	\$40,350 or less	\$43,350 or less	\$46,350 or less	\$49,350 or less
Low to Mod	\$64,550 or less	\$69,350 or less	\$74,100 or less	\$78,900 or less
Mod	\$64,551 or more	\$69,351 or more	\$74,101 or more	\$78,901 or more

**2. Race**

1	White
1A	White <u>AND Hispanic, Latino, or Puerto Rican</u>
2	Black or African American
2A	Black or African American <u>AND Hispanic, Latino, or Puerto Rican</u>
3	Asian
3A	Asian <u>AND Hispanic, Latino, or Puerto Rican</u>
4	American Indian or Alaskan Native
4A	American Indian or Alaskan Native <u>AND Hispanic, Latino, or Puerto Rican</u>
5	Native Hawaiian or other Pacific Islander
5A	Native Hawaiian or other Pacific Islander <u>AND Hispanic, Latino, or Puerto Rican</u>
6	Black or African American <u>and</u> White
6A	Black or African American <u>and</u> White <u>AND Hispanic, Latino, or Puerto Rican</u>
7	Asian <u>and</u> White
7A	Asian <u>and</u> White <u>AND Hispanic, Latino, or Puerto Rican</u>

8	Asian <u>and</u> Black
8A	Asian <u>and</u> Black <u>AND Hispanic, Latino, or Puerto Rican</u>
9	American Indian or Alaskan Native <u>and</u> White
9A	American Indian or Alaskan Native <u>and</u> White <u>AND Hispanic, Latino, or Puerto Rican</u>
10	American Indian or Alaskan Native <u>and</u> Black or African American
10A	American Indian or Alaskan Native <u>and</u> Black or African American <u>AND Hispanic, Latino, or Puerto Rican</u>
11	Native Hawaiian or other Pacific Islander <u>&amp;</u> White
11A	Native Hawaiian or other Pacific Islander <u>&amp;</u> White <u>AND Hispanic, Latino, or Puerto Rican</u>
12	Native Hawaiian or other Pacific Islander <u>&amp;</u> Black
12A	Native Hawaiian or other Pacific Islander <u>&amp;</u> Black <u>AND Hispanic, Latino, or Puerto Rican</u>
13	Other Multi Racial ( <u>NOT Hispanic, Latino, or Puerto Rican</u> )
13A	Other Multi Racial <u>AND Hispanic, Latino, or Puerto Rican</u>

**3. Age of Program Participant: (check one)**

1	Under 5 years
2	5-9 years
3	10-15 years
4	16-20 years
5	21-24 years
6	25-44 years

**4. Gender**

1	Female
2	Male

**5. Who do you live with (check one)**

Mother  Both Parents   
 Father  Other  Who \_\_\_\_\_

**6. Do you consider yourself with a severe disability?**

1	Yes
2	No

**7. Optional: One or both parents are incarcerated (check one)**

1	Yes	2	No
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**CERTIFICATION:** I acknowledge this information as submitted above has been examined by me and is true and correct.

Signature \_\_\_\_\_

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

**THIS FORM MUST BE COMPLETED FOR EACH PARTICIPANT AND A PERMANENT FILE MAINTAINED FOR GOVERNMENT VERIFICATION.**  
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\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

Council \_\_\_\_\_ Legislative \_\_\_\_\_ Assembly \_\_\_\_\_ State Senate \_\_\_\_\_ Congress \_\_\_\_\_