



CITY OF SAN MATEO POLICE ACTIVITIES LEAGUE ACTIVITY REGISTRATION FORM



REGISTER AT OFFICE OR FAX TO 522-7551

1. Account Main Contact Name & Information

Parent/Legal Guardian Name City of SM Resident (live/own property in City Limits) Non-Resident (other cities & unincorporated San Mateo)

Mr. _____
 Ms. _____
 Mrs. _____
 first and last name

Date of Birth _____
 (must be 18yrs or older) month / day / year

Residence Address Complete if you are new or your information has changed.

Phone Numbers

_____ no. and street

 city and zip + 4 code

 email address

_____ home (area code + number)

 cell (area code + number)

 work (area code + number)

2. Emergency Contact

Name

Phone Numbers

_____ first and last name

 relationship

_____ home / cell (area code + number)

 work (area code + number)

3. A signature is required by each adult participant on this form.

To the extent allowed by law, I hereby absolve the City of San Mateo and The Police Activities League, its employees, agents, independent contractors, and officers from all liability which may arise as the result of my/our participation in activities I or any member on my family account attends or registers into; and, in the event that the above named participant is a minor, I hereby give my permission for his or her participation as indicated and in so doing absolve the City of San Mateo and The Police Activities League, its employees, agents, independent contractors, and officers from such liability. I am aware that if I have registered for a class involving physical activity, I have taken care to enroll at a class level appropriate to my/our physical abilities and/or medical conditions. I release use of my/our photos taken during program participation from all and any claims and demands resulting from their use in program publicity.

Signature _____ Date _____ self parent guardian

Signature _____ Date _____ self parent guardian
 second participant's signature

4. All participants listed here must live at the same address listed above.

Participant Name First and last (use one line for each person or course)	Course Title	Course Number (last 5 digits)	Alternate Course Number	Course Fee \$	Date of Birth (mm/dd/yy)	Gender
1.					/ /	M F
2.					/ /	M F
3.					/ /	M F
4.					/ /	M F
5.					/ /	M F
6.					/ /	M F
TOTAL FEES						

Help us help others! Donate to the PAL Scholarship Fund. (please enter amount in the space to the right)		DONATION AMOUNT	
_____ / _____ credit card payment authorization mo/yr		Less Credit on Account	
<input type="checkbox"/> <input type="checkbox"/>		Total Amount Enclosed	
_____ billing zip code		PAYMENT TYPE <input type="checkbox"/> Cash <input type="checkbox"/> Other _____ <input type="checkbox"/> Check (payable to SMPAL)	
_____ authorized signature (as shown on credit card)			