

Registration Form

Corpus Christi Police Athletic League



CC-PAL

702 S Brownlee Blvd
Corpus Christi, TX 78401
Office: 361-883-2725
ccpal@yahoo.com
ccpalmanager@yahoo.com

Shirt Size:

Please circle one

- YXS 24
- YS 6-8
- YM 10-12
- YL 14-16
- YXL 16-18
- AS
- AM
- AL
- AXL
- AXXL

Office Use Only

Fee total: _____ Cash: _____ Card: _____

Partial payment: _____ Date: _____

Staff Signature: _____

VOLLEY BALL
BASEBALL

TAEKWONDO
SOFTBALL

BASKETBAL
SOCCER

Please Print (Por Favor escriba en letra de imprenta)

Child Name (Nombre): _____

Home Address (Domicilio):

Home/Cell Phone Number (Numero de Telefono):

Alt. Number (Numero de Telefono)

City (Ciudad):

State (Estado):

Zip Code (Codigo Postal):

Email address (Correo electronico):

Gender (Sexo)

_____ Male

_____ Female

Birth Date:
Fecha de Nacimiento):

Age (Edad):

School (Escuela):

Grade (Grado):

How Many (cuantos):

Sisters (Hermanas):

Brothers (Hermanos):

Ethnicity- Circle One (Nacionalidad)

- Hispanic/Latino
- Black/African American
- Black/African American & White
- White
- Asian
- Asian/White
- American Indian/Alaskan Native & White
- American Indian/Alaskan Native
- Native Hawaiian/Other Pacific Islander
- American Indian/Alaskan Native & Black/ African American
- Other Multi-Racial

Who does your child live with ? (Con quien vive to hijo/a):

_____ Both Parents _____ Mother Only _____ Father Only _____ Grandparent _____ Other
(con los Padres) (con la Madre) (con el Padre) (con los Abuelos) (otro)

Has your child been a member of CC-PAL previously? _____ Yes (Si)
(Su hijo/a a sido socio de CC-PAL?) _____ No (No)

Number of Years:
(Cuantos anos)

Which Activities (cual Actividades):

Father's/Guardian's name (Nombre de Padre):

Cell phone # (trabaje numero telefonico):

Employed at (empleado en):

Work phone # (trabaje numero telefonico):

Mother's/Guardian's name (Nombre de Madre):

Cell phone # (trabaje numero telefonico):

Employed at (empleado en):

Work phone # (trabaje numero telefonico):

Would you be willing to volunteer at- CCPAL?

If so, may we contact you with volunteer opportunities?

☐ Yes, I am willing to coach my child (in the event that another a volunteer does not step up)

☐ Yes, I am willing to help in the concession stand (and I have a food handler permit, or am willing to get one)

☐ NOT AT THIS TIME

Medical Problems/Allergies (Including disabilities):
(Estado de salud/Alergias):

List ALL medications your child is taking (lista de medicaciones):

The following information is necessary for our records and the funding our organization receives. The answers you provide are completely confidential. Your cooperation in providing this information is both appreciated and necessary.

Esta informacion es necesaria para nuestro y la ayuda y donaciones que nuestra organizacion recibe. Las preguntas que usted responda sera completamente confidenciales. Su cooperacion respondiendo las preguntas seran apreciadas y necesaria.

Please check all that apply to your family (Cheque los programas que aplica):

- ☐ AFDC
- ☐ SSDI
- ☐ SSI
- ☐ Day Care Voucher
- ☐ TANF
- ☐ General Assistance (Asistencia General)
- ☐ School Lunch (Escuela Programa de Amuerzo)
- ☐ SNAP Benefits (cupones de alimentos)
- ☐ Non of the above

Annual household income- circle the correct figure
(Ingreso anual- marque la correcta suma)

\$9,000 or Below	\$20,000- \$25,000
\$9,001- \$12,000	\$25,001- \$30,000
\$12,001- \$15,000	\$30,001- \$35,000
\$15,001- \$20,000	\$35,001- \$40,000

Head of Household:

- ☐ Father
- ☐ Mother
- ☐ Grandparent
- ☐ Other

FOR CHILD TO SIGN (IF ABLE)

I promise to respect all CC- PAL property and obey the policies of CC- PAL
(Yo prometo respetar las propiedades y seguir las reglas del CC- PAL)

Members signature (Firma del miembro)

Parental/Guardian Consent

I hereby give my permission to my child or dependent to become a member of the cc-pal organization. I understand that cc-pal has an open-door policy; therefore, children may come and go at will. I understand that my child is participating in a contact sport and know that it comes with physical risks, I do not (and will not in the future) hold cc-pal responsible for any injury obtained on cc-pal property.

I understand that in case of emergency, every effort will be made to contact me. In the event that I cannot be reached, I hereby give my permission to cc-pal to secure proper treatment (including surgery) for my child.

If at any time I am asked to leave the program due to disrespectful or disobedient behavior or leave voluntarily, I understand that no dues or registration fees will be returned to me. I also understand that membership dues are not refundable.

In addition, I authorize the use and reproduction to cc-pal any and all photographs which may be taken in connection with cc-pal activities for any purpose whatsoever without compensation. Not limited to, but may include, all posted on social media and the cc-pal website.

Parent/Guardian Signature

Date

Permiso:

Yo doy permiso a mi hijo/a de ser miembro del cc-pal organizacion. Yo entiendo que el cc-pal tiene una politica abierta, por consiguiente los ninos pueden ir y irse del cc-pal de su voluntad. Entiendo que mi hijo está participando en un deporte de contacto y sé que viene con riesgos fisicos, no hago (y no haré en el futuro) cc-pal responsable de las lesiones obtenidas en la propiedad cc-pal.

Yo entiendo que en caso de emergencia se hara lo possible para avisarme. En caso que no puedan comunicarse yo autorizo al cc-pal para que a seguren tratamiento apropiado (incluyendo operacion) para mi hijo/a.

Si en algún momento se me pide que abandone el programa debido a un comportamiento irrespetuoso o desobediente o que me vaya voluntariamente, entiendo que no se me devolverán las cuotas ni las tarifas de inscripción. También entiendo que las cuotas de membresía no son reembolsables.

Ademas, autorizo el uso y reproducion a cc-pal de toas y cada una de las fotografias que puedan ser tomadas en relacion con las actividades de cc-pal para cualquier proposito sin compensacion alguna. No se limita a, pero puede incluire todos los publicados en las redes sociales y el sitio web de cc-pal.

Firma del padre o guardián

Fecha

Team assigned _____

Division: Appaloosa Shetland Pinto Mustang Bronco Pony Player Pool

Basketball: 6U 8U 10U 12U 14U

Volleyball: 3rd 4th 5th 6th 7th 8th 9th

Taekwondo

Softball

Baseball

Basketball