



Mail this form and \$25 payment to:  
A copy of Birth Certificate is also required

## Police Activity League of Waterbury, Inc.

64 Division Street  
Waterbury, CT 06704  
Telephone (203) 346-3921

### Activity Registering for:

#### Member Information:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 DOB: \_\_\_\_\_ School: \_\_\_\_\_  
 Male: \_\_\_\_\_ Female: \_\_\_\_\_ Grade: \_\_\_\_\_ Email: \_\_\_\_\_

#### Parent Information:

Father's Name: \_\_\_\_\_ (Work)/(Cell) Phone: (\_\_\_\_) \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ (Work)/(Cell) Phone: (\_\_\_\_) \_\_\_\_\_

#### Please list any medical problems:

Allergies: \_\_\_\_\_  
 Medications: \_\_\_\_\_

Person to notify in case of emergency: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
(other than parent)

Doctor to notify in the event of emergency: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

#### Exculpatory Clause

I, the parent or guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of PAL (Police Activity League). Recognizing the possibility of injury associated with these activities, I hereby release, discharge and/or otherwise indemnify the Police Activity league of Waterbury, Inc. and associated personnel, including but not limited to, the coaches, assistants, the owners of the fields and facilities used for programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize.

Name: \_\_\_\_\_

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

**Please be advised that this is a preliminary application and further info may be required prior to participation. Make checks payable to P.A.L. and place the name of your child/children in the comment section of your check.**

WATERBURY DEVELOPMENT CORPORATION  
 CD Year 40  
 10/1/2014 - 9/30/2015  
**CDBG - CLIENT INTAKE DATA FORM**

The following statistical information is required by the United States Department of Housing and Urban Development (HUD). It is required that every social service agency that receives Community Development Block Grant (CDBG) funds fill out a monthly Direct Benefit Activities report. This information will be used to process our annual Grantee Performance Report. The information provided on this form is pertinent for future funding of this program. If this program is for persons under the age of eighteen, this questionnaire must be filled out by parent or legal guardian. THIS INFORMATION IS STRICTLY CONFIDENTIAL.

Client: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Name: \_\_\_\_\_

1. Have you used this program, and completed an Intake Form, since October 1st of the current year? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 (If you answered yes, please do not complete the rest of this questionnaire).

2. Marital Status: Single: \_\_\_\_\_ Married: \_\_\_\_\_ Divorced: \_\_\_\_\_ Widowed: \_\_\_\_\_

3. Please circle the total number of people in your family and circle your total annual income under the family column.

	1 person family	2 person family	3 person family	4 person family	5 person family	6 person family	7 person family	8 person family
A	\$0 - \$17,400	\$0 - \$19,900	\$0 - \$22,400	\$0 - \$24,850	\$0 - \$26,850	\$0 - \$28,850	\$0 - \$30,850	\$0 - \$32,850
B	\$17,401- 29,000	\$19,901 - 33,150	\$22,401- 37,300	\$24,851- 41,400	\$26,851- 44,750	\$28,851- 48,050	\$30,851- 51,350	\$32,851- 54,650
C	\$29,001- 44,750	\$33,151 - 51,150	\$37,301- 57,550	\$41,401- 63,900	\$44,751- 69,050	\$48,051- 74,150	\$51,351-79,250	\$54,651- 84,350
D	\$44,751 & UP	\$51,151 & UP	\$57,551 & UP	\$63,901 & UP	\$69,051 & UP	\$74,151 & UP	\$79,251 & UP	\$84,351 & UP

The above letters represent income limits based on percentages of Waterbury's median income:

A=Extremely Low (30%) B=Low (50%) C=Moderate (80%) D=Non Low Income (+80%)

4. **ETHNICITY**  
 ARE YOU OF LATINO/HISPANIC DESCENT? YES: \_\_\_\_\_ NO: \_\_\_\_\_

**THE TWO ETHNIC CATEGORIES ARE DEFINED AS FOLLOWS:**

*Definitions for City of Waterbury intake form revised by the Office of Management and Budget (OMB)*

- a) **Hispanic or Latino** – a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, “Spanish origin,” can be used in addition to “Hispanic or Latino.”
- b) **Not Hispanic or Latino** – a person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**5. RACE**

**PLEASE CHECK ONE OF THE FOLLOWING CATEGORIES REGARDING YOUR RACE:**

White: \_\_\_\_\_ Black/African American: \_\_\_\_\_ Asian: \_\_\_\_\_ American Indian/Alaskan Native: \_\_\_\_\_  
Native Hawaiian/ Other Pacific Islander: \_\_\_\_\_ American Indian/Alaskan Native & White: \_\_\_\_\_ Asian & White: \_\_\_\_\_  
Black/African American & White: \_\_\_\_\_ American Indian/Alaskan Native & Black/African American: \_\_\_\_\_ Other (Multi-Racial): \_\_\_\_\_

**THE FIVE RACIAL CATEGORIES ARE DEFINED AS FOLLOWS:**

*Definitions for City of Waterbury intake form revised by the Office of Management and Budget (OMB)*

- a) **American Indian or Alaskan Native** – a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- b) **Asian** – a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- c) **Black or African American** – a person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American.”
- d) **Native Hawaiian or Other Pacific Islander** – a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- e) **White** – a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**6. Physical Disability:** Please select Yes \_\_\_ or No \_\_\_



"Today's Youth, Tomorrow's Leaders"

I \_\_\_\_\_ (name) hereby authorize the Waterbury Police Activity League (PAL) to contact me at \_\_\_\_\_ (phone #) or any other telephone number provided by me for the purpose of notifying me of activities, scheduling or free events sponsored by PAL.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)