



Lowell Police Department
Youth Services
Boxing Program Application 2021
Please Print

1. Name: _____
2. Home Address: _____
3. Telephone #: (H) _____ (C) _____
4. Email Address: _____
5. Date of Birth: _____ Age: _____ Gender (M) ____ (F) _____
6. Shirt Size: _____

(Free of Charge)

Location: DWC Facility

171 Lincoln St. Lowell , MA

Times: Tue & Thu 3:15-4:15 or 4:15-5:15

Youth eligibility:

Lowell Resident

10 – 18 years old

The mission of the Lowell Police Department PAL is to promote positive relationships between law enforcement officers and youth in the community through educational programs and recreational activities.

For any questions regarding the PAL program, please email
lpdyouthservices@lowellma.gov.

Please complete the entire form and answer all questions

Medical Information
LPD Youth Services

Participant Name: _____

Address: _____

Phone Number: _____

Preferred Hospital: _____

Emergency Contact

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Participant's health condition is: Excellent___ Good___ Fair ___ Poor ___

Does your child take any medications? Yes_____ No_____

If yes, please list: _____

Does your child have any physical restrictions? Yes_____ No_____

If yes, please list: _____

EXPLAIN ANY AND ALL HEALTH CONDITIONS (EXAMPLE: ASTHMA, ALLERGIES, etc.) LIST BELOW:

1. _____

2. _____

Photo Release: I hereby consent to and authorize the use of photographs for use on Lowell Police websites and social media platforms.

Parent or legal guardian signature:

Signature

Date

This program is partially funded through the Shannon Community Safety Initiative through the Executive Office of Public Safety and Security. The following is information required by the funding source. Any and all information requested below is for grant purposes only.

Ethnicity (check all that apply):

- White/Anglo, non-Hispanic Hispanic/Latino Asian/Pacific Islander
 Black/African American American Indian Multiracial
 Other: _____

Neighborhood participant lives in. Please check one

- Back Central Belvidere Centralville Downtown Highlands
 Lower Belvidere Lower Highlands Pawtucketville Sacred Heart
 South Lowell Other: _____

Single Parent Household Yes: _____ No: _____

Receive Public Assistance Yes: _____ No: _____

Achievement in School: High level Middle ground Low

Feelings about school: Love it Middle ground Hate it

Truancy:

- Less than 3 absences per semester without reason
 More than 3, but less than 8 absences per semester without reason
 More than 8 absences per semester without reason

Learning Disability: Yes _____ No: _____

My child's friends get into trouble:

- None of the time Sometimes A lot of times

My child has trouble making friends (not fitting in, fights, no friends)

- No trouble Some trouble A lot of trouble

My child's friends are:

- Mostly a positive influence A few are positive None are positive