

PAL's - PLAY BALL ADAPTIVE BASEBALL REGISTRATION AND WAIVER FORM

POLICE ATHLETIC LEAGUE
NORTH HUNTINGDON TOWNSHIP – TOWNHOUSE
NORTH HUNTINGDON, PA 15642

Participants Name _____ Age _____ Date of Birth _____ Gender M ___ F ___

Shirt Size _____ Name you would like printed on back of shirt _____
(Y-S, Y-M, Y-L, A-S, A-M, A-L, A-XL, A-XXL) (This should be the name first, last or nickname that people watching the game will use to cheer on the players)

School attending _____ I will be bringing my own buddy to all games Yes ___ No ___
(If bringing a buddy to games, please fill out and return enclosed volunteer registration form)

Street Address _____ City/State/Zip Code _____

Home Phone _____ Alternate Phone(s) _____

E-mail _____

If you have email, please list it. We will attempt to contact you for upcoming events/cancellations by email

Name or Type of Disability _____ List Any Physical Limitations _____

Current Medications _____ Allergies _____

I/we the parents or guardian(s) of the above named participant, hereby give my/our consent for his/her participation in any activities sponsored by the **POLICE ATHLETIC LEAGUE (PAL)** during the current season.

Pursuant to this consent, I/we assume the risk of any injury sustained by my/our child in the pursuit of any activity/activities and the transportation to and from these said activities.

Therefore, I/we hereby remise, release, acquit, discharge and hold harmless the **POLICE ATHLETIC LEAGUE (PAL)**, and its successors and assigns (including but not limited to its regular affiliates, organizers, sponsors, supervisors, coaches, and anyone who transports my/our child to or from (PAL) activities) from any and all claims of any kind, and all liability now or hereafter accrued which may result due to an injury to my/our child.

The undersigned parent/guardian represents that the registrant is in good health and can participate in **ADAPTIVE BASEBALL** and with prior knowledge of the physical nature of this sport; releases **PAL** from any and all responsibility for injury to the participants as a result of negligence or otherwise while he/she is participating in the program.

I/we understand and acknowledge that the **POLICE ATHLETIC LEAGUE (PAL)** does not carry any type of hospitalization insurance to protect the participants in its activities. Therefore, I/we understand and agree to be totally responsible to provide the appropriate hospitalization insurance for my/our child, while my/our child participates in the **POLICE ATHLETIC LEAGUE (PAL)** activities.

Medical Records: This information will be kept confidential; it is for our records and your child's safety only. Please list any disabilities, allergies, and medications.

WHEREFORE, I/we acknowledge and represent that I/we have read this "Registration and Waver Form" and fully understand the contents contained herein. In witness whereof, I/we have executed this form on the _____ day of _____ in the year _____.

Parent/Guardian Signature

Mother's Name – Please Print

Parent/Guardian Signature

Father's Name – Please Print

Media Release

I hereby authorize and give my full consent to PAL to copyright and or publish any and all photographs, videotapes and/or film in which my above mentioned child appears while attending this PAL sponsored event. I further agree that PAL may transfer or use these photographs, for public displays, publications, and advertising purposes.

Parent/Guardian Signature

Date

I am willing to be a team parent- Yes (name) _____ No ___ (Team parents will be responsible for collecting/passing out info to other parents)

*Please mail completed registration form & fee (\$10 per applicant - checks made payable to PAL) by April 1st to:
PAL's Adaptive Baseball C/O Johnna Sleith 11227 Pershing Dr. N. Huntingdon, PA 15642
For more information or questions call or email Johnna (H) 724-861-5655 © 412-607-4479 or sleith11227@msn.com

League Use Only: Date Received _____ Cash/Check # _____ Amount Paid \$ _____