



Registration Form

(Please fill all lines or N/A if Not Applicable)

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

School: _____ Grade: _____

Parent/Guardian: _____ Relationship: _____

E-Mail: _____ Phone: _____

Albany PAL does not disclose any of the following participant's information under any circumstances. Information provided below is aggregated for use in completion of some grants. The Albany Police Athletic League will take all measures to protect applicant's personal information.

Please answer the following questions:

by circling Y/N, M/F and by circling all applicable racial group(s).

1. Albany Public Housing or Section 8 Benefactor: Y/N
2. Female Head of Household: Y/N
3. Does your child qualify for the free or reduced lunch program: Y/N
4. Sex of Applicant: M/F
5. Racial group(s) Black/African American | Caucasian/White | Hispanic/Latino/Spanish Origin | Asian | Other

I/WE, the Parents or guardians of the above named candidate for a position on the Albany Police Athletic League Inc. (PAL), hereby give my/our approval for our child to participate in any and all PAL activities. I/we know that participation in PAL activities may result in serious injury, and that protective equipment does not prevent all injuries to players and/or participants, and I/we do hereby waive, release, absolve, indemnify and agree to hold harmless the Albany Police Athletic League, PAL Board members, Na-tional PAL, organizers, sponsors, supervisors, participants and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or any other cause. I/we do hereby give permission for my child to receive medical treatment in case of an emergency if I/we cannot be contacted. I/We do hereby give permission for my/our child's photo likeness to be used in any and all PAL promotional literature.

Parent / Guardian Signature: _____

Emergency contact if parent or guardian is not available:

Name _____

Phone# _____ Email: _____

Medical Information:

Allergies: _____

Hospitalization Plan: _____ Policy #: _____

Doctor Name: _____ Doctor's Telephone: _____

THIS IS NOT A SCHOOL DISTRICT SPONSORED EVENT. THE CITY SCHOOL DISTRICT OF ALBANY IS NOT RESPONSIBLE OR LIABLE FOR ANY PROBLEMS OR DAMAGES

