



# MASK YOUR CALENDAR!! PAL Spooktober EVENTS

## COLUMBUS DAY BASEBALL CLINIC

Join PAL, Tri-City ValleyCats, Bryant & Stratton Bobcats & Sage Gators  
For a baseball skills & drills clinic!  
@ American LL Park; Corner of 1st Ave & Krank st (Next to 65 Krank St)  
**MONDAY, OCTOBER 11TH @ 11-1PM**

### SATURDAYS AT PAL STARTING SATURDAY OCTOBER 23RD @ PAL Center (844 Madison Ave)



#### **PAL Volleyball Club**

Open to all boys & girls ages 8-13  
Saturdays 10-11:30am

#### **PAL Little Tykes Kickball**

Open to all boys & girls ages 5-8  
Saturdays 11:45-12:45pm



#### **PAL Mentoring**

Open to all boys & girls ages 8-13  
Saturdays 11:45-12:45

#### **PAL Lacrosse Club**

Open to all boys & girls ages 8-13  
Saturdays 1-2:30



## HALLOWEEN FAMILY MOVIE NIGHT



Join us for our big screen presentation of The Addams Family 2!  
Bring a blanket! Free snack & drink provided!



**PAL Center, 844 Madison Ave**

**FRIDAY, OCTOBER 29TH @ 6PM**

## ANNUAL PAL HALLOWEEN PARTY

Social -distanced costume contest, games, snack, and lots of Halloween fun!  
**PAL Center, 844 Madison Ave**

**SATURDAY, OCTOBER 30TH**  
**11-12PM & 12:30-1:30PM**

**Pre-Registration required!**



### **ALL EVENTS ARE FREE!!!**

### **Face masks required at ALL events**

**See registration form on reverse side, or visit our website at [www.albanypal.org](http://www.albanypal.org)**

For more info: call 518-435-0392 or email [programmgr@albanypal.org](mailto:programmgr@albanypal.org)

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*THIS IS NOT A SCHOOL DISTRICT SPONSORED EVENT. THE CITY SCHOOL DISTRICT OF ALBANY IS NOT RESPONSIBLE OR LIABLE FOR ANY PROBLEMS OR DAMAGES ARISING FROM PARTICIPATION IN THIS ACTIVITY*



# Albany PAL Registration Form



This form may be used to apply for the following program opportunities, please check all that apply

PAL Volleyball Club

Columbus Day Baseball Clinic

PAL Kickball Club

Halloween Family Movie Night

PAL Mentoring

Annual PAL Halloween Party

Please circle reservation time:

PAL Lacrosse Club

11am-12pm or 12:30-1:30pm

Complete this form and return it to the PAL Center! Please see the reverse side for program descriptions. Transportation to and from this/these PAL events is your responsibility

**For additional information contact:**

PAL Office (518) 435-0392 or email Allie at [programmgr@albanypal.org](mailto:programmgr@albanypal.org)

Or check our website- [www.albanypal.org](http://www.albanypal.org)

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: (H/C) \_\_\_\_\_ (W) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (H/C) \_\_\_\_\_

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 5 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, National 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: \_\_\_\_\_

Hospitalization Plan: \_\_\_\_\_ Policy # \_\_\_\_\_ Allergies: \_\_\_\_\_

Doctor \_\_\_\_\_ Doctors Telephone: \_\_\_\_\_