



PAL TRACK & FIELD CLUB 2023



June 13th - August 15th
Every Tuesday & Thursday @ 5:30pm-7:00pm
Albany High School Track- 700 Washington Ave
Open to ALL boys & girls ages 5-14 years old
THIS IS A FREE CO-ED PROGRAM!

Complete this form and return to the PAL Center, 844 Madison Ave
or bring with you on 6/13!

For additional information contact:
PAL Office (518) 435-0392 or programmqr@albanypal.org
Or check our website- 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: _____