



Manatee P.A.L. Youth Baseball League Registration

Contact: fgargett@manateepal.com (813)895-1497

PLEASE PRINT CLEARLY

Players Name: _____ DOB: ____/____/____ Age on 8/30/20: _____ Shirt size: _____
Last First MI MO DAY YR

Address: _____ City: _____ Zip: _____ Home # _____

Mothers Name: _____ Work # _____ Cell: _____

Fathers Name: _____ Work # _____ Cell: _____

Emergency Name: _____ Emergency # _____ Relationship _____

• Will only be contacted if mother and father cannot be reached. EMAIL: _____

Medical Conditions: _____ Insurance Company: _____ Policy Number: _____

Age Group/Division: (determined by age as of 8/30/2020) Check off

- _____ Age 5 & 6 T-ball Fee \$25.00
- _____ Age 7 & 8 Rookies Fee \$25.00
- _____ Age 9 & 10 Minors Fee \$25.00
- _____ Age 11 & 12 Intermediate*50/70 Fee \$25.00

Favorite number: _____

PLEASE READ CAREFULLY, INITIAL ALL AND SIGN

As the parent(s) of the above listed member in the Police Athletic League of Manatee County, Inc. (P.A.L.), I (we) hereby consent for participation in the P.A.L. Program for one year from the date of application. I understand that membership, program and activity fees are **non – refundable**. _____ (initial)

I (we) assume all risks and hazards incidental to the above listed member, and that such participation including transportation to and / or from the activities, except to the extent of accident and liability carried by P.A.L. of Manatee County, Inc. _____ (initial)

I (we) do hereby further release, waive absolve, indemnify and agree to hold harmless P.A.L. of Manatee County, Inc., The Board of Directors, The Executive Director, The Manatee County Sheriff's Office, employees, supervisors, organizers, sponsors, coaches, participants, volunteers and persons transporting the above listed member to and / or from activities, from any claim arising of any injury to the above listed member, except to the extent of accident and liability carried by P.A.L. of Manatee County, Inc. _____ (initial),

I do hereby agree to accept full responsibility for all equipment issued to the above listed member and will replace all equipment lost or damaged except for normal wear and tear. _____ (initial).

In the event of an emergency relating to the above listed member (a minor child), and I am unavailable, I hereby give consent to the medical staff of the nearest medical facility to administer medical care, as deemed necessary by the facility's emergency staff, until I can be notified, and arrive to the medical facility. _____ (initial)

I release the rights to all photographic materials P.A.L. might use for promotional activities without obligation to my child or myself. _____ (initial)

Due to the open-door policy at P.A.L., it is understood and agreed upon that all members may come and go as they desire. Therefore P.A.L. will not be held liable for your child leaving the building and / or property, nor will P.A.L. be responsible for your child participating in any activities without your permission. _____ (initial)

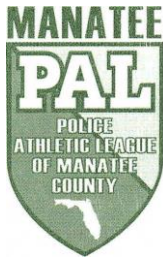
As parent and / or guardian of the above listed member, I understand that unsportsman – like behavior by my child and / or myself will not be tolerated and will result in forfeiture of my child's participation in any P.A.L. programs. _____ (initial)

My signature below grants my child permission to participate in The Manatee PAL Youth Baseball League. I understand that baseball is a contact sport, where catastrophic injuries may occur, and my child may participate at his/her own risk. I fully understand and agree to all the conditions stated above on this form whether initialed or not and will counsel / have counseled my child to conform to these rules and the authority of the employees of the P.A.L. organization. **I affirm that I have insurance on my child, and I understand that the insurance provided by PAL is a secondary policy to my coverage, which has a \$100.00 deductible.** I also understand that there will be a \$30.00 returned check fee.

Parent/Guardian Signature: _____ Print Name: _____ Date: _____

FOR OFFICE USE ONLY

Birth Certificate _____ Receipt # _____



The Police Athletic League of Manatee County, Inc.
202 13th Avenue East • Bradenton, Florida 34208
(941) 747- 1118 Fax (941) 747-6490
www.manateepal.org
Football, Basketball, Cheerleading, Boxing, Baseball, Soccer

Has your child played baseball at Manatee Cal Ripken & Babe Ruth? Yes/No
Has your child played travel baseball in the last 12 months? Yes/No
How would your last coach rate your child's baseball skill level: New/Developing/Advanced

Volunteer Buyout (from above) \$25
Family Last Name Sign (example: The Jones Family) \$75.
Business Banner – 1 Season Outfield 4' x 6' Sign \$200.
Please email details to: fgargett@manateepal.com or gina.spicer@manateepal.org

MANATEE P.A.L. YOUTH BASEBALL HELMET WARNING!

WARNING: Keep your head up. Do not butt, ram, spear or strike an opponent with any part of your helmet or face guard. Modifying the helmet and face mask in any way may cause the helmet to malfunction and cause injury to the undersigned student-athlete and others. This is a violation of baseball rules and may cause you to suffer severe brain or neck injury, including paralysis or death and possible injury to your opponent.

Contact in baseball may result in Concussion and/or Brain Injury which no helmet can prevent. Symptoms include loss of consciousness or memory, dizziness, headache, nausea or confusion. If you have symptoms, immediately stop and report them to your coach, trainer, and parents. Do not return to a game or contact until all symptoms are gone and you receive medical clearance. Ignoring this warning may lead to another and more serious or fatal brain injury.

NO HELMET SYSTEM CAN PROTECT YOU FROM SERIOUS BRAIN AND/OR NECK INJURIES, INCLUDING PARALYSIS OR DEATH. THE USE OF ANY HELMET IS AT YOUR OWN RISK. TO AVOID THESE RISKS, DO NOT ENGAGE IN THE SPORT OF FOOTBALL.

The undersigned have read the above and forgoing and have explained the contents to said minor child of the Baseball Helmet Warning and understand the statement therein.

Signature of Student-Athlete

Date

Parent/Guardian Signature