



# Manatee P.A.L. Youth Baseball League Registration

Contact: [fgargett@manateepal.com](mailto:fgargett@manateepal.com) (941)747-1118 x217

PLEASE PRINT CLEARLY

Players Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age on 4.30.2021: \_\_\_\_\_ Shirt Size: S M L XL  
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 4 & 6 T-ball (fee \$25. for league play only)  
Sign-up for league play is at the **Free Camp 2.14.2021 with 1<sup>st</sup> Round Training.**

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 # \_\_\_\_\_