

# Albany PAL Registration Form

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

Track and Field Club



Mentoring

Movie w/ a PAL

Lacrosse Club

**Complete this form and bring it to your first event!**

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 [programmgr@albanypal.org](mailto:programmgr@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 questions:** Circle the corresponding answer.

**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: \_\_\_\_\_