



Albany PAL / Albany American Little League
844 Madison Ave | Albany, NY 12208
(518) 435-0392 or (518) 463-3324 | www.allalbany.org
Park location: Corner of 1st Ave & Krank St.



Player Information

Player Name: _____ Birthdate (mm/xx/yyyy): _____

 2021
 Address: _____ League Age: _____ Gender: Male Female
 Address 2 (if applicable): _____ School: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Cell Phone: _____
 League Insurance Fee: _____
 Email: _____ My child will try out for: Baseball ~~Softball~~

Parent/Guardian Information

Parent/Guardian #1 Relationship: _____ **Parent/Guardian #2 Relationship:** _____
 Name: _____ Name: _____
 Phone: _____ Phone: _____
 Email: _____ Email: _____
 Occupation: _____ Occupation: _____
 Volunteer? Yes No (If yes, fill out "Volunteer Application") Volunteer? Yes No (If yes, fill out "Volunteer Application")

Terms and Conditions

- (1) I/We, the parents/guardians of the above-named candidate for a position on a Little League team, hereby give my/our approval to participate in any and all Little League activities, including transportation to and from the activities.
- (2) I/We know that participation in baseball or softball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the local Little League, Little League Baseball, Incorporated, the 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 for any other cause.
- (3) If applicable, I/We agree to return upon request the uniform and other equipment issued to my/our child in as good conditions as when received except for normal wear and tear.
- (4) I/We agree to provide proof of legal residence or school enrollment (as defined by Little League Baseball, Incorporated at LittleLeague.org/residence) and age. I/We understand that our child (candidate) must be eligible under the residence/school attendance and age regulations of Little League Baseball, Incorporated, to participate in this Local League, and that if any controversy arises regarding residence/school attendance and/or age, the decision of the Little League International Charter Committee in Williamsport, Pennsylvania shall be final and binding. I/We further understand that if any participant on a Little League team does not qualify for participation in the league based on residence (as defined by Little League Baseball, Incorporated) and/or age, such participant and/or team on which he/she participates be found ineligible, and forfeit(s) and/or suspension of Tournament privileges may be decreed by action of the Little League International Charter Committee or Little League International Tournament Committee.
- (5) I/We agree that our child (candidate) may be required to try out for a team. If such does not attend at least 50 percent of the tryouts, local Board-of-Directors' approval is required for such candidate to be placed on a team.
- (6) If applicable, I/We understand that our child (candidate) may be chosen at any time to play on a Major Division team, if he or she is of the correct age for such division as determined by the local league and Little League Baseball. Declining to move up to such Major Division team will result in forfeiture of eligibility for the Major Division for the current season, and may be subject to further restrictions by the local league.
- (7) I/We will furnish a certified birth certificate of the above-named candidate to League Officials.
- (8) I/We understand that my information as the parent or guardian of such above-named candidate is sent by the local league to Little League International each year. Such use of information by Little League International can be found here: www.LittleLeague.org/privacypolicy. You may opt-out of communications from Little League International at any time.
- (9) I/We do hereby give permission for my/our child's photo likeness to be used in any and all PAL promotional literature.

➤ **Signature:** _____ **Date:** _____

STAFF INTAKE REVIEW _____

Internal Use Only:

Birth Certificate: Yes No
Medical Release Form Yes No
Proof of Residency:
School Enrollment Form: Yes No

OR

Group A Yes No
Group B Yes No
Group C Yes No
Waiver Needed? Yes No N/A
Booster Tickets Given? Yes
Number of Books Given? _____

Previous Player: Yes - No **Previous Team/Level:** _____

Level Assigned: T-BALL FARM INTERNATIONAL/MINORS MAJORS

Team Name: _____

Coach/Team Manager: _____

Booster/Raffle Ticket Money Paid \$ _____

STAFF ADMIN REVIEW _____



Little League Baseball and Softball

MEDICAL RELEASE



NOTE: To be carried by any Regular Season or Tournament Team Manager together with team roster or International Tournament affidavit.

Player: _____ Date of Birth: _____ Gender (M/F): _____

Parent (s)/Guardian Name: _____ Relationship: _____

Parent (s)/Guardian Name: _____ Relationship: _____

Player's Address: _____ City: _____ State/Country: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

PARENT OR LEGAL GUARDIAN AUTHORIZATION: Email: _____

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: _____ Phone: _____

Address: _____ City: _____ State/Country: _____

Hospital Preference: Albany Medical Center – Albany Memorial – St. Peter's – Other: _____

Parent Insurance Co: _____ Policy No.: _____ Group ID#: _____

League Insurance Co: _____ Policy No.: _____ League/Group ID#: _____ **If**

parent(s)/legal guardian cannot be reached in case of emergency, contact:

Name Phone Relationship to Player

Name Phone Relationship to Player

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Authorized Parent/
Guardian Signature: _____ Date: _____

FOR LEAGUE USE ONLY:
League Name: Albany American Little League **League ID:** 02321301
Division: _____ **Team:** _____ **Date:** _____
WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL.
 Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference