



**PAL Baseball @ 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): \_\_\_\_\_  
 Address: \_\_\_\_\_ 2025 League Age: \_\_\_\_\_  
 Address 2: (if applicable): \_\_\_\_\_ School: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

League \_\_\_\_\_  
 Insurance Fee: \_\_\_\_\_

**Parent/Guardian Information**

<b>Parent/Guardian #1 Relationship:</b> _____	<b>Parent/Guardian #2 Relationship:</b> _____
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:** Yes No  
**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 No  
**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