

PIERMONT PAL TRAVEL BASEBALL REGISTRATION - 2010

1. Each player will fill out one registration form at the beginning of each season (Spring, Summer, Fall). This form will cover them for all league play, tournaments, and transportation in the PAL van for insurance purposes. It also will have a medical waiver on it as well and emergency contact information.
(attached for your perusal)
2. Uniform fees include: Piermont PAL navy Jersey, PAL Logo Hat, pin striped pants, belt, and navy sox. All players will wear the approved game uniform. Returning players do not need to purchase a new uniform unless they need one. New players are required to purchase a uniform at a cost of \$105.50 per uniform.
3. The registration fee for all travel teams will be as follows:

Spring and Fall:	8, 9, 10 year olds	\$100
	11 and up	\$125.
Summer:	8, 9, 10 year olds	\$150
	11 and up	\$200

This will cover Registration Fees to be part of the PAL Organization, Umpire fees, League Registration Fee (\$175 per season Spring & Fall, \$400 Summer) and all balls and field equipment.

4. All non-league tournaments that you wish to enter into, must be paid separately by your team. The Piermont PAL Organization MUST be notified of all tournaments that you are in in order to have proper insurance.

**SPRING 2010 - PIERMONT PAL TRAVEL BASEBALL
REGISTRATION FORM AND MEDICAL FORM**

NAME: FIRST _____ LAST _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL: _____

EMAIL: _____

DATE OF BIRTH: _____ SHIRT SIZE: _____ PANT SIZE: _____

TEAM / COACHES NAME: _____ JERSEY #: _____

PARENT'S NAMES: _____

EMERGENCY CONTACT: (NAME & PHONE NUMBER & RELATIONSHIP TO CHILD) _____

DOCTOR'S NAME: _____

DOCTOR'S PHONE NUMBER: _____

LIST ALLERGIES: _____

DOES YOUR CHILD HAVE AN ALLERGIC REACTION OF ANY TYPE (MEDICINES, INSECT BITES, ETC.) _____

DOES YOUR CHILD USE ANY MEDICATIONS (EX. INHALER), IF SO WHAT AND HOW OFTEN _____

ANY ILLNESS WE SHOULD KNOW ABOUT _____

ANY OTHER INFORMATION THAT YOU FEEL WE SHOULD KNOW _____

I CERTIFY THAT MY CHILD IS IN GOOD PHYSICAL HEALTH AND CAN PARTICIPATE IN THE DAILY SCHEDULE OF EVENTS. IN CASE OF EMERGENCY, I GRANT PERMISSION FOR MY CHILD TO BE GIVEN TREATMENT AT THE LOCAL HOSPITAL.

PARENT'S NAME _____

PARENT'S SIGNATURE _____ DATE _____

TRANSPORTATION CONSENT WAIVER

I ALSO GRANT PERMISSION TO TRANSPORT MY CHILD TO THE TRAVEL BASEBALL GAMES. YOUR CHILD WILL BE TRANSPORTED IN THE PIERMONT PAL VAN.

PARENT'S NAME _____

PARENT'S SIGNATURE _____ DATE _____