PAL 2018 Kickball Player Registration Form (for pre-registered players)

***** DO NOT USE OR ACCEPT THIS FORM IF THE CHILD'S PARENT HAS NOT PRE-REGISTERED ONLINE. *****

Coaches:

* A parent must pre-register their child online at www.ArkansasPAL.com before completing this form.

* Coaches will ensure the child is listed on their latest PAL roster before having the parent complete this form at the child's first practice.
(This form contains medical and other important information the coaching staff needs to keep readily available in their binder.)

* This form must be completed, and the waiver signed, before the coaching staff allows the child onto any field.

* Coaches will keep this form in their Coaches Binder and return it to PAL at the end of the season.

Player Name: _____ **Birth Date:** _____ **Phone:** _____

		Home Phone	Work Phone	Cell Phone	
Guardian Name:	_____	_____	_____	_____	**Relationship:** _____
Guardian Name:	_____	_____	_____	_____	**Relationship:** _____

Emergency Contact: _____ **Emergency Contact Phone:** _____ **Relationship:** _____

School Name: _____ **Grade:** _____

Medical History: Please list all of the player's allergies, medications, special conditions, etc.
_____
_____
_____
_____
_____
_____
_____
_____

WAIVER: I agree, by signing this release, to hereby forever release, discharge and covenant to hold harmless the City of North Little Rock, the NLRPD and NLRPAL and any of its employees, representatives and volunteers participating in this program from any and all claims, demands, damages, costs, expenses, loss of services, actions and causes of action, belonging to the undersigned arising out of any act or occurrence up to the present time, and particularly on account of all personal injury, disability, property damage, loss of damages of any kind sustained or that I may hereafter sustain, in consequence of an accident or injury that may occur during this program.

By signing this form: I give my child (listed above) permission to take part in all NLRPAL programs and agree to any and all of the conditions listed above.

* If there is any reason you feel that your child should not participate in this program, please return this form unsigned. This will indicate that you do not wish for your child to participate in this activity. Participation is considered voluntary and no child will participate without explicit permission from you, as his/her parent or legal guardian.

Parent/Guardian/Custodian: _____ _____ _____

Signature **Printed Name** **Date**

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