

PAL 2017 Kickball Player Registration Form

Player Name: _____ Birth Date: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Has this child played PAL Baseball, Football or Kickball in the past? Yes No

Email Address: _____ Gender: Male Female Race: _____ Height: _____ Weight: _____

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

Guardian Name: _____ Relationship: _____

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

School Name: _____ Grade: _____

Checkmark your preferred age group. * 'Playing Down' in a younger age division is not allowed.

4-7 yrs. old * Age cut-off: not 8 years old before April 1, 2017.

8-11 yrs. old * Age cut-off: not 12 years old before April 1, 2017.

12-15 yrs. old * Age cut-off: not 16 years old before April 1, 2017.

16+ yrs. old

Shirt Size	Pants Size	Coach's Use Only
<input type="checkbox"/> Youth X-Small (chest: 24-25 in.)	<input type="checkbox"/> Youth X-Small (waist: 18-19 in.)	<input type="checkbox"/> Birth Cert. Verified <input type="checkbox"/> Signed Waiver <input type="checkbox"/> Photograph _____ _____ _____
<input type="checkbox"/> Youth Small (chest: 26-27 in.)	<input type="checkbox"/> Youth Small (waist: 20-22 in.)	
<input type="checkbox"/> Youth Medium (chest: 28-29 in.)	<input type="checkbox"/> Youth Medium (waist: 23-26 in.)	
<input type="checkbox"/> Youth Large (chest: 30-32 in.)	<input type="checkbox"/> Youth Large (waist: 27-29 in.)	
<input type="checkbox"/> Adult Small (chest: 33-38 in.)	<input type="checkbox"/> Adult Small (waist: 30-32 in.)	
<input type="checkbox"/> Adult Medium (chest: 39-41 in.)	<input type="checkbox"/> Adult Medium (waist: 33-34 in.)	
<input type="checkbox"/> Adult Large (chest: 42-44 in.)	<input type="checkbox"/> Adult Large (waist: 35-36 in.)	
<input type="checkbox"/> Adult X-Large (chest: 45-47 in.)	<input type="checkbox"/> Adult X-Large (waist: 37-38 in.)	
<input type="checkbox"/> Adult XX-Large (chest: 48-50 in.)	<input type="checkbox"/> Adult XX-Large (waist: 39-42 in.)	

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 the NLRPAL Kickball Program 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