

**TOTOWA  
RESIDENTS  
ONLY**

*Totowa Police Athletic League*  
**Baseball & Softball Registration Form**  
**\$100 Registration Fee (\$85 for K & Pre-K T-Ball)**  
*(Please make all checks payable to: Totowa PAL Baseball or Softball)*

**Please Print  
CLEARLY**

**www.TotowaPAL.org**

Has your child played in the past? Yes / No

**CHILD'S NAME:** Last \_\_\_\_\_ First \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Age \_\_\_\_ M / F \_\_\_\_\_ Grade \_\_\_\_\_ School: WP / Memorial / St. Francis / Other \_\_\_\_\_  
(Circle One) (Circle One)

Street Address \_\_\_\_\_ **PARENT EMAIL** \_\_\_\_\_  
*EMAIL WILL BE USED FOR PASSING ON INFORMATION & UPDATES ONLY*

**Uniform** (Circle One) **SHIRT:** (Y-S) (Y-M) (Y-L) - (A-S) (A-M) (A-L) (A-XL) (A-XXL)  
**Size** (Circle One) **PANTS:** (Y-S) (Y-M) (Y-L) - (A-S) (A-M) (A-L) (A-XL) (A-XXL)

**Are you Certified to Coach?** - Yes / No *If No, would you like to be notified to attend the next Certification Class?* Yes / No  
Are you interested in helping? Circle all that apply: **Head Coach - Assistant Coach - Team Admin**

**Parents/Guardians Responsibilities**

1. Will provide a physical exam and approval to participate if necessary for my child.
2. Will notify coach of any medical condition that may interfere with participation.
3. Will be responsible for the care and return of all uniforms issued to the participant. If not returned, I will be responsible for the cost of replacing the uniform.
4. Will provide transportation to and from all practices and games for my child.
5. **Will not leave my child unsupervised** at any field or gymnasium.
6. **Will sign up to work one league-designated event.** Failure to comply will result in my child not **\* participating in said activity.** **Initials \* MUST BE INITIALED**
7. No refunds will be made after registration dates are completed. Returned checks will result in the bank fee.
8. **My child must be 5 years of age by April 30, 2010.** Birth certificate must be presented to show proof of age.
9. In case of injury, the parent/guardian's insurance company is the primary insurance carrier. The PAL provides secondary coverage only.
10. Will act responsible and respectful as a spectator at games.

I the parent/guardian of the above named child, hereby give my permission to his/her participation in the above named P.A.L. activity during the season. I assume all risks and hazards incident to such participation, including transportation to and from said activities. I realize there is a risk of injury to children playing in P.A.L. sports/activities and I do hereby release, absolve, indemnify and agree to hold harmless to the Totowa P.A.L., directors, coaches, officers, trustees, instructors, sponsors, commissioners, participants, and persons supervising and/or coaching my child.

**Pledge & code of Ethics**

The essential elements of ethics in sports are honesty and integrity. To assure that P.A.L. sports is a constructive experience, principles of sportsmanship and fair play must be held high above all other values gained through sports participation. Winning is a consideration, but not the only one, nor the most important.

**I do hereby pledge:**

- **To place my participation in P.A.L. sports as a first priority and ahead of any other sports activities that may be involved during the same period for the benefit of all teammates and coaches.**
- To demonstrate commitment and support by attending every practice and game possible.
- To respect fundamental rights and dignity of the officials, coaches, participants, volunteers and spectators.
- To strongly discourage booing and other discourteous conduct and cheer only in a positive manner.
- To respect and care for the facilities used in games and practices.

**We have discussed the importance of the above responsibilities and agree to honor this pledge and understand that this is a condition of participation in all P.A.L. sporting programs and activities.**

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**Please Print CLEARLY**

Home Phone \_\_\_\_\_ CIRCLE WHICH PHONE # SHOULD BE USED IN THE EVENT OF GAME DAY CANCELLATIONS

Mother's Name (print) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name (print) \_\_\_\_\_ Cell Phone \_\_\_\_\_

**WOULD YOU LIKE TO BE CONTACTED ABOUT BEING A SPONSOR? Yes / No**

Registration Fee \$ \_\_\_\_\_ Check No. \_\_\_\_\_ Pants Deposit \$ \_\_\_\_\_ Check No. \_\_\_\_\_ Received By \_\_\_\_\_ Date \_\_\_\_\_