

Lincoln Park Angels

2022 PLAYER INFORMATION/REGISTRATION FORM

PLAYER'S INFORMATION

First Name: _____ Last Name: _____

Date of Birth: ____/____/____ Age as of Jan 1, 2021: _____

School Attending: _____

PARENT/GUARDIAN INFORMATION:

Mother /Guardian's Name: _____

Father /Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail: _____ (Mother)

E-Mail: _____ (Father)

Telephone – Home: (____) _____

Work: (____) _____ Cell: (____) _____ (Mother)

Work: (____) _____ Cell: (____) _____ (Father)

EMERGENCY CONTACT INFORMATION:

Name: _____

Relationship: _____ Telephone No: (____) _____

MEDICAL / LIABILITY RELEASE:

I **GIVE**/ **DO NOT GIVE** permission for my daughter to be admitted to any hospital or to be treated by a physician for injury incurred while playing, being transported to or from, or as a spectator at activities of the Lincoln Park PAL Softball Organization. The Lincoln Park PAL Softball Organization accepts no liability for transportation, personal safety of players, spectators or officials at games or practices. Transportation to and from games is the parents/guardian's responsibility.

Health Insurance Carrier: _____ Policy Number _____

Parent / Guardian's Signature: _____ Date: _____

MEDIA RELEASE:

The Lincoln Park Police Athletic League reserves the right to photograph and video tape participants and attendees throughout the course of our events.

On behalf of my child, I **GIVE** permission to the Lincoln Park PAL, its Board of Directors, Sports Directors, and volunteers to photograph my child, and use the images solely for public relations purposes and/or the social media pages of the Lincoln Park PAL. I do hereby waive, release, indemnify and hold harmless the Lincoln Park PAL, its Board of Directors, Sports Directors, and volunteers from any liability and/or for any injury or damages that may be suffered by my child as a result of the taking or use of the photograph and images obtained in the course of participation in a Lincoln Park PAL event.

On behalf of my child, I **DO NOT GIVE** permission to the Lincoln Park PAL, its Board of Directors, Sports Directors, and volunteers to photograph my child.

Parent / Guardian's Signature: _____ Date: _____