



PAL'S



Play  Ball!

Adaptive Baseball League

Come and join us for our 14th season!!!

Get off of the sidelines and into the game!

It's a "special" kind of baseball... everybody bats, nobody's out, and the score is always tied!

Since 2005 the Police Athletic League has offered players with special needs the opportunity to belong to a team and play baseball. In 2012 we extended this opportunity to adults with any type of disability to play in our league.

PAL's Adaptive Baseball League gives everyone a chance to play baseball regardless of their ability or disability. The league will be non-competitive and involve a limited time commitment.

We offer an opportunity for children and adults with disabilities to participate fully in sports. For safety reasons players are accompanied by a "buddy" if needed who will help the player hit, field, and run/walk/wheel the bases.

A special group of children and adults along with their families and our volunteers benefit from this program. More than baseball is learned through the experience...There is a value in the therapeutic and socialization benefits of participating in sports, the strengthening of the participant's self-esteem, the opportunities to mainstream into other divisions of play in the future and disciplines of teamwork, sportsmanship and fair play. The greatest need of our players, like anyone, is to belong to a team and HAVE FUN!

All games will be played at the PAL Complex in Shafton!

April 15th - Uniform Handout & Picture Day

3:00 - 5:00 Outside or in the boardroom at the PAL Complex.

You will receive the player's shirt and hat. Please wear the pants and shoes you would like photos to be taken in. Also, bring any props (bat, glove, etc.) that you would like to include in the photo.

- **April 22nd First Game @ 5:00 PM**
- **April 29th Game @ 5:00**
- **May 6th Game @ 5:00**
- **May 13th Game @ 5:00 Mother's Day**
- **May 20th Game @ 5:00**
- **May 27th ~ No Games ~ Happy Memorial Day**
- **June 3rd Game @ 5:00**
- **June 10th Game @ 5:00**
- **June 17th LAST Game @ 5:00 - Father's Day**
- **June 24th Picnic/Awards 3:00 at PAL**

We will attempt to notify you by 3:00 if the game is canceled due to rain.

Please check your email, Facebook or wait for a text alert if it is raining or if there is a possibility of rain! If you do not get a notification assume that the games are STILL ON, it may be raining at your house but not at PAL!!!

Text PALADAPTIVE to 84483 to receive Adaptive alerts

For more information or to volunteer call or email Johnna 412-607-4479 or sleith11227@msn.com

Or visit the PAL website at www.palnorwin.com and click "ADAPTIVE" under the baseball tab.

PAL's - PLAY BALL ADAPTIVE BASEBALL PLAYER REGISTRATION AND WAIVER FORM

POLICE ATHLETIC LEAGUE
NORTH HUNTINGDON TOWNSHIP – TOWNHOUSE
NORTH HUNTINGDON, PA 15642

Participants Name _____ Age _____ Date of Birth _____ Gender: M _____ F _____

Shirt Size _____ Name you would like printed on back of shirt _____
(Y-S, Y-M, Y-L, A-S, A-M, A-L, A-XL, A-XXL) (This should be the name first, last or nickname that people watching the game will use to cheer on the players)

I will be bringing my own buddy to all games Yes _____ Buddy's Name _____ (If bringing a buddy to games, please fill out and return enclosed volunteer registration form); No _____ Player will need a volunteer buddy; No Buddy Needed _____ Player is able to play baseball without assistance

Street Address _____ City/State/Zip Code _____

Primary Phone _____ Alternate Phone(s) _____

The primary number will be used for messages, reminders and cancelations. Alternate numbers will only be used in the event of emergencies.

E-mail _____ School Attending: _____

If you have email, please list it. We will attempt to contact you for upcoming events/cancellations by email

Name or Type of Disability _____ List Any Physical Limitations _____

Current Medications _____ Allergies _____

I/We the parents or guardian(s) of the above named participant, hereby give my/our consent for his/her participation in any activities sponsored by the **POLICE ATHLETIC LEAGUE (PAL)** during the current season.

Pursuant to this consent, I/we assume the risk of any injury sustained by my/our child in the pursuit of any activity/activities and the transportation to and from these said activities.

Therefore, I/we hereby remise, release, acquit, discharge and hold harmless the **POLICE ATHLETIC LEAGUE (PAL)**, and its successors and assigns (including but not limited to its regular affiliates, organizers, sponsors, supervisors, coaches, and anyone who transports my/our child to or from **(PAL)** activities) from any and all claims of any kind, and all liability now or hereafter accrued which may result due to an injury to my/our child.

The undersigned parent/guardian represents that the registrant is in good health and can participate in **ADAPTIVE BASEBALL** and with prior knowledge of the physical nature of this sport; releases **PAL** from any and all responsibility for injury to the participants as a result of negligence or otherwise while he/she is participating in the program.

I/we understand and acknowledge that the **POLICE ATHLETIC LEAGUE (PAL)** does not carry any type of hospitalization insurance to protect the participants in its activities. Therefore, I/we understand and agree to be totally responsible to provide the appropriate hospitalization insurance for my/our child, while my/our child participates in the **POLICE ATHLETIC LEAGUE (PAL)** activities.

Medical Records: This information will be kept confidential; it is for our records and your child's safety only. Please list any disabilities, allergies, and medications.

WHEREFORE, I/we acknowledge and represent that I/we have read this "Registration and Waver Form" and fully understand the contents contained herein. In witness whereof, I/we have executed this form on the _____ day of _____ in the year _____.

Player Name – Please Print

Player Signature (If over 21) or Parent/Guardian Signature

Name – Please Print

Parent/Guardian Signature

Media Release

I hereby authorize and give my full consent to PAL to copyright and or publish any and all photographs, videotapes and/or film in which my above mentioned player appears while attending this PAL sponsored event. I further agree that PAL may transfer or use these photographs, for public displays, publications, and advertising purposes.

Parent/Guardian Signature

Date

I am willing to be a team parent- Yes (name) _____ No _____ (Team parents will be responsible for collecting/passing out info to other parents)

***Please mail completed registration form & fee ~ \$10 per applicant - checks made payable to PAL ~ by March 1st to:
PAL's Adaptive Baseball C/O Johnna Sleith 11227 Pershing Drive North Huntingdon, PA 15642
After March 1st the registration fee will be \$20 per player.**

For more information or questions call or email Johnna 412-607-4479 or sleith11227@msn.com

League Use Only: Date Received _____ Cash/Check # _____ Amount Paid \$ _____

PAL's PLAY BALL ADAPTIVE BASEBALL

VOLUNTEER REGISTRATION FORM

Name _____ Adult / Student Age _____

Address _____

Phone _____ Alternate Phone _____

Email Address _____

(If you have an email address, please provide it, we will contact you with volunteer schedules and important info.)

I am interested in being a:

____ Coach (2-4 per team)

____ Buddy (Help players hit, field and walk/run/wheel the bases)

____ Team Helper (Assist the coaches with batting order, passing out equipment, etc...)

I would like to be a buddy for _____ No preference _____
(Player Name)

Dates Available please circle:

4/22 4/29 5/6 5/13 5/20 6/3 6/10 6/17

(If you are scheduled to volunteer and have to cancel, please inform your team coach)

Please mail completed volunteer forms by April 15th to:

PAL's Adaptive Baseball

C/O Johnna Sleith

11227 Pershing Dr.

N. Huntingdon, PA 15642

You may also sign up to volunteer in person on April 15th @ the PAL Complex from 3:00-5:00

For more information or questions call or email Johnna (c) 412-607-4479 or sleith11227@msn.com

Volunteer T-Shirt Order Form

This is not mandatory, but many volunteers and families like to order shirts to wear to the games

Cost \$10.00

Please make checks payable to "PAL" and return T-Shirt form no later than March 1st

Name _____ Phone _____ Email _____

Size (please indicate number needed next to the size)

Youth: Small _____ Medium _____ Large _____

Adult: Small _____ Medium _____ Large _____ X-Large _____ XX-Large _____ XXX-Large _____
(add \$2) (add \$2)

Total Number of Shirts Ordered _____ Total Paid \$ _____

*Parents, Friends & Relatives may order T-Shirts if desired, please use this form also.