



# PAL'S



**Play  Ball!**

## Adaptive Baseball League

**Come and join us for our 15th 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 28th - 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.**

- **May 5th First Game @ 5:00 PM (picture make-up 4:00)**
- **May 12th Game @ 5:00 Mother's Day**
- **May 19th Game @ 5:00**
- **May 26th Game @ 5:00**
- **June 2nd Game @ 5:00**
- **June 9th Game @ 5:00**
- **June 16th Game @ 5:00 Father's Day**
- **June 23rd LAST Game @ 5:00**
- **June 30th 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 email Michele @ [palnorwintreasurer@gmail.com](mailto:palnorwintreasurer@gmail.com)  
Or visit the PAL website at [www.palnorwin.com](http://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 PAL Norwin PO BOX 354 Westmoreland City, PA 15692**

**After March 1st the registration fee will be \$20 per player.**

For more information or questions email Michele @ palnorwintreasurer@gmail.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:

5/5 5/12 5/19 5/26 6/2 6/9 6/16 6/23

(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 PAL Norwin

PO BOX 354

Westmoreland City, PA 15692

For more information or questions email Michele @ palnorwintreasurer@gmail.com

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### 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.