

# Albany PAL

## 2015 City-Wide Chess Tournament

Monday, February 16<sup>th</sup>, 2015 at 1:00 PM  
At the Albany PAL Center @VI- 844 Madison Ave., Corner of Ontario St.  
\*\* Open to All youth in grades 1-12 that play chess \*\*

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\*Please detach and keep top portion as a reminder\*

**The Albany PAL 2015 City-Wide Chess Tournament**  
**Location: Albany PAL Center @VI- 844 Madison Ave., Corner of Ontario St.**  
**-Monday, February 16<sup>th</sup>, 2015 at 1:00 PM-**

This program is a coordinated effort between the Albany Police Athletic League, The Right Move and your child's school. Participants have learned the game of chess and competed on a weekly basis at their school throughout the year. Now it is time to see these intelligent youth in action! The format will require all youth entry's to play a minimal of 3 games to advance to the next round. There will be 2-3 age groups to participate in. Participation Awards will be distributed, the Champion of each Division will receive a trophy and \$25.00 Gift Card to Crossgates Mall.

**\*\*This is a free, co-ed event!\*\***

**For more information contact:**  
**William Chapple @ the PAL Center at 435-0392 Or email [williamc@albanypal.org](mailto:williamc@albanypal.org)**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Contact In Case of Emergency: Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

I/WE, the Parents or guardians of the above named candidate for a position on the Albany Police Athletic League Inc. (PAL), hereby give my/our approval for our child to participate in any and all PAL activities. **In particular, the Albany PAL 2015 City-Wide Chess Tournament.** I/we know that participation in PAL activities may result in serious injury, and that protective equipment does not prevent all injuries to players and/or participants, and I/we do hereby waive, release, absolve, indemnify and agree to hold harmless the Albany Police Athletic League, PAL Board members, National PAL, organizers, sponsors, supervisors, participants and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or any other cause. I/we do hereby give permission for my child to receive medical treatment in case of an emergency if I/we cannot be contacted.

Parent / Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Hospitalization Plan: \_\_\_\_\_ Policy # \_\_\_\_\_

Doctor \_\_\_\_\_ Doctors Telephone: \_\_\_\_\_

Youth Allergies: \_\_\_\_\_

Person to be contacted in case of injury, if parent or guardian is unable to be contacted

Name \_\_\_\_\_ Phone# \_\_\_\_\_

**THIS IS NOT A SCHOOL SPONSORED EVENT. THE CITY SCHOOL DISTRICT OF ALBANY IS NOT RESPONSIBLE OR LIABLE FOR ANY PROBLEMS OR DAMAGES ARISING FROM PARTICIPATION IN THIS ACTIVITY.**