

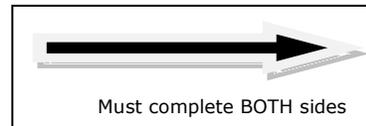


# Riverhead Police Athletic League

210 Howell Avenue, Riverhead, NY 11901

Juvenile Aid Bureau - 631-727-3200 x273

David J. Hegermiller - Chief of Police



## 2016 Football Registration In Person May 3 & 9, 7-9 PM @ Sr. Center -Deadline 5/19/16

Must include

Grade Entering Fall 2016:

**Child's DOB\*:**

PRINT PLAYER'S LAST, first name above & check team below:

\* Child must be 7 years of age, but not 14 by Nov 15, 2016

Player is Age as of November 15, 2016

[ ] 7 Year Old [ ] 8 Year Old [ ] 9 Year Old [ ] 10 Year Old [ ] 11 Year Old [ ] 12 Year Old [ ] 13 Year Old

STREET ADDRESS, TOWN, CITY, ZIP Please indicate 2015 Coach Name

PARENT NAME Interested in Coaching? Yes [ ] No [ ]

HOME PHONE CELL PHONE EMAIL - Must include. Please PRINT clearly.

EMERGENCY CONTACT NAME / RELATIONSHIP CELL PHONE

<p><b>7 &amp; 8 Year olds</b> \$135 Town Resident or \$145 Non Town Resident</p>	<p>[ ] <b>NEW</b> Football Player * or [ ] Returning Football Player</p>
<p><b>9-13 Year olds</b> \$185 Town Resident or \$195 Non Town Resident</p>	<p>* <b>NEW Football Players</b> must submit an Original Birth Certificate or notarized Affidavit. Note PDF forms below. [ ] PAL Office Use -BC/Affidavit Received</p>
<p><b>JERSEY</b> Youth <input type="checkbox"/>small <input type="checkbox"/>med <input type="checkbox"/>large <input type="checkbox"/>x-large Chest 24-26 27-29 30-32 33-35 <b>SIZE:</b> Adult <input type="checkbox"/>small <input type="checkbox"/>med <input type="checkbox"/>large <input type="checkbox"/>x-large Chest 33-35 37-39 41-43 45-47 <input type="checkbox"/>xx-large <input type="checkbox"/>xxx-large 49-51 53-55</p> <p><b>JERSEY- 9-13 Year Olds ONLY</b> Player's <u>LAST</u> name above will be printed on Jersey LIST 3 JERSEY Numbers : # _____, # _____, # _____</p> <p><b>GIRDLE</b> Youth <input type="checkbox"/>small <input type="checkbox"/>med <input type="checkbox"/>large <input type="checkbox"/>x-large Waist 20-22 23-25 26-28 29-31 <b>SIZE:</b> Adult <input type="checkbox"/>small <input type="checkbox"/>med <input type="checkbox"/>large <input type="checkbox"/>x-large Waist 28-30 31-33 34-36 38-40 <input type="checkbox"/>xx-large <input type="checkbox"/>xxx-large 42-44 46-48</p> <p><b>PANT</b> Youth <input type="checkbox"/>small <input type="checkbox"/>med <input type="checkbox"/>large <input type="checkbox"/>x-large Waist 20-22 23-25 26-28 29-31 <b>SIZE:</b> Adult <input type="checkbox"/>small <input type="checkbox"/>med <input type="checkbox"/>large <input type="checkbox"/>x-large Waist 28-30 31-33 34-36 38-40 <input type="checkbox"/>xx-large <input type="checkbox"/>xxx-large 42-44 46-48</p>	<p><b>Checks payable to:</b> Riverhead PAL or bring EXACT amount of CASH to In Person Registration Night or PAL Office.</p> <p><b>Three ways to register your player:</b> 1. <a href="http://riverheadpalfootball.siplay.com">riverheadpalfootball.siplay.com</a> Starting May 3<sup>rd</sup> register online. Note: credit card processing charges apply. Online registration closes 5/19/16 @ 11:59 PM.</p> <p>2. In Person 5/3 or 5/9 @ 7-9 PM at Senior Center, 60 Shade Tree Lane, Aquebogue. Notary will be available to notarize NEW Player Affidavit.</p> <p>3. Mail Paper Registration &amp; Payment with: a. Code of Conduct Form (reverse side) b. Family Account Information Form (FAIF) -only if you have not previously done so. You must submit FAIF with a copy of current Proof of Residency to establish your account.</p> <p><b>PDF forms available at PAL Office or on line</b> Go to <a href="http://townofriverheadny.gov">townofriverheadny.gov</a>, Local Links, Hot Links, Go to Juvenile Aid Bureau, scroll down to PAL.</p>
<p><b>All Registrations must be at PAL Office Thursday, May 19, 2016.</b></p>	

I, the parent/guardian of the above named child, hereby give my consent for participation in the above activity and do claim that he/she is in perfect physical condition to participate in said activity.

Furthermore, I, the parent/guardian of the above named candidate for a position on a league team hereby give my approval to his/her participation in all league activities during the current season. I assume all risks and hazards incidental to such participation including transportation to and from the activities; and I do hereby waive, release, absolve, indemnify and agree to hold harmless the Riverhead Police Athletic League, associated organizations, the organizers, sponsors, supervisors, participants and persons transporting my/our son/daughter, except to the extent and in the amount covered by an accident or liability insurance.

I agree to return within 7 days or sooner, after notification, the uniform and other equipment issued to my/our son/daughter is in as good condition as when received, except for normal wear and tear, or pay the equivalent to cost.

PARENT/GUARDIAN SIGNATURE PRINT NAME DATE

PAL Office Use Only: CASH / CHECK Name: \_\_\_\_\_ Date: \_\_\_\_\_ 2016

Entered: \_\_\_\_\_ 2016 # \_\_\_\_\_ Amount \$ \_\_\_\_\_



### RIVERHEAD P.A.L. CODE OF CONDUCT

**PLAYER:** Any player not adhering to the general rules of a game may be removed from a said game at the discretion of the coach. Use of profanity, acts of violence, taunting, intimidating or any other act of disrespect will not be tolerated.

Any player suspended from a game or event will have to remain suspended for one (1) additional game or event before returning to full capacity. The player must actually attend the game or event he/she was suspended from. The suspension will not be considered fulfilled unless the player actually attends this suspended game. Participation at practice during this suspension time is mandatory.

Any player suspended a second time during the course of any one (1) season will face disciplinary action by the PAL Representative. This may include the termination of the participant. **ALL DECISIONS WILL BE FINAL**

**PARENT/ GUARDIAN:** Any parent/guardian not adhering to the rules of a game or event will be asked to leave the playing field or event area. Failure of the parent/guardian to cooperate will result in the removal of the parent/guardian’s child from the game or event. If the parent/guardian still refuses to cooperate, the child will be suspended from the game or event. See “Player Rules of Conduct” above for procedure.

If a parent/guardian violates these rules of conduct a second time, it may result in the termination of the child participant. This decision will be made by the P.A.L. Liaison. **ALL DECISIONS WILL BE FINAL.**

Parent/Guardian Sign Name: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

### *Suffolk County Police Athletic League Player’s and Parents Ethics Pledge*

**Player’s name:** \_\_\_\_\_

*The Suffolk County Police Athletic League has adopted a zero tolerance policy for violence. This includes physical acts of violence, threats of violence or threatening behavior. A violation committed by any participant (player, coach, referee), parent or fan, will result in immediate expulsion for the league and a fine to the organization from which he/she belongs. The following will bring to your attention the type of behavior we hope and expect from our parents. Please read, sign and follow the pledge for a safe and enjoyable season for your child.*

1. I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game or practice.
2. I will emphasize skill, development and practices and how they benefit my child over winning.
3. I will refrain from coaching my child or others during games and practices unless I am an official coach.
4. I will inform the coach of any physical disability or ailment that may affect the safety of my child or others.
5. I will place the emotional and physical well-being of my child ahead of a personal desire to win.
6. I will support my organization, our coaches and officials working with my child, to encourage a positive and very enjoyable experience for everyone.
7. I will demand a sports environment for my child that is free of drugs, tobacco and alcohol and will refrain from their use at all Suffolk County P.A.L. sporting events.
8. I will ask my child to treat other players, coaches, officials and fans with respect regardless of race, sex, creed or ability.
9. I will respect the officials and their authority during games and will not question, discuss or confront coaches at the game field. I will speak with coaches at an agreed time and place
10. I will not engage in any unsportsmanlike conduct with any official, coach, player or parent, such as booing and taunting, refusing to shake hands, or using profane language or gestures.
11. I will help my child enjoy this experience by doing whatever I can, such as being a respectful fan, becoming an assistant coach, provide transportation, anything you can do that’s Positive.
12. Let the coaches’ coach – let the officials officiate and above anything else; **LET THE CHILDREN PLAY.**
13. I will be responsible for the conduct of all guests that I bring to my child’s game.
14. I will remember that this is just a game. Let your child dream his own dreams, let your child **PLAY** and have fun.

**Thank you for your cooperation and have a great season.**

Parent/Guardian Sign Name: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

#### PLAYER’S CODE OF ETHICS

- I will encourage good sportsmanship from my fellow participants at every game and practice by demonstrating good sportsmanship.
- I will attend every practice and game that I can and will notify my coaches if I cannot
- I will do my best to listen and learn from coaches.
- I will treat my coaches, other players, officials and fans with respect regardless of race, sex, creed or abilities and I expect to be treated accordingly.
- I deserve to have fun during my P.A.L. experience and I will tell my parents or coaches if it stops being fun.
- I will encourage my parents to be involved with my activity in some capacity because it is important to me.
- I will do my best in school.
- I will remember that my participation in P.A.L. is an opportunity to learn and have fun.

\_\_\_\_\_  
Players Signature