



Riverhead Police Athletic League
 210 Howell Avenue, Riverhead, NY 11901
Juvenile Aid Bureau - 631-727-3200 x273
 David J. Hegermiller, Chief of Police



2017 PAL BOYS LACROSSE REGISTRATION

PAL ONLINE Registration begins October 17 available at → riverheadrecreation.com

Online Registration- Please be advised that municipal law mandates that all programs be charged the mandated credit card fees.
Or Mail Registration & check payment to address above or stop by PAL Office Vestibule to complete and slide through PAL door.

*** Registration must be received ONLINE or at PAL Office by **DEADLINE: Dec. 15, 2016 - 4:30 PM** ***

PRINT LAST Name: _____ **First Name:** _____

** **PLAYER LAST NAME** above will be **PRINTED** on 3-8 Grade Pinny **

Complete BOTH Sides →

Street Address _____ Date of Birth: _____ **Returning Player** [] or **New Player** []

Town: _____ Last Year's Coach Name: _____

Parent/Guardian Name: _____ **Would you be interested in Coaching a Boy's LAX Team?** [] YES [] NO

Home Phone: (_____) _____ Parent Cell Phone: (_____) _____

Parent E-Mail (please print clearly) _____ @ _____

All information must be complete. E-Mail Address is very important. E-Mail is our **main line of communication** for practice and updates.

Emergency Contact / Relationship: _____ Emergency Contact Phone: _____

Registration MUST BE @ PAL OFFICE by Dec 15 – 4:30 PM.
Registrations received after deadline will not guarantee a uniform.

Grades K, 1, 2 – PAL provides pinny & shorts. **OPTION #1.**

Grade 3-8 NEW Player - MUST Purchase NEW Uniform to own and use in future lacrosse seasons. Choose **OPTION #2.**

Grade 3-8 RETURNING Player who own reversible black, white & blue checkered 2016 uniform may reuse uniform. Choose **OPTION # 2, 3, 4 or 5.**

CIRCLE SIZE Pinny & Short:

PINNY		SHORTS
(Pinny is a combination size Sm/Med or Lg/X-Lg)		(w/Draw String Pull 3-8 only)
YOUTH – Sm/Med OR Lg/X-Lg		YOUTH – Sm, Med, Lg, X-Lg
or		or
ADULT – Sm/Med OR Lg /X-Lg		ADULT – Sm, Med, Lg, X-Lg

Check payment payable to → Riverhead PAL.
CASH payment → bring EXACT cash amount to PAL Office.

	FEES:	<u>Riverhead Resident</u>	<u>Non-Resident</u>
OPTION #1:			
K,1,2 Grades	\$100	\$110	
OPTION #2:	\$150	\$160	
NEW Players or Returning Player needing entire NEW uniform.			
Purchase includes 2017 Uniform Pinny & Shorts. NEW Players MUST choose 3 numbers – Returning Player enter # you already have:			
3 #'s for your uniform: # _____, # _____, # _____			
OPTION #3:			
3 - 8 Grade Returning Players	\$120	\$130	
Purchase Pinny Only – List # on 2016 Pinny. # _____			
OPTION #4:			
3-8 Grades - Returning Players	\$110	\$120	
Purchase Shorts Only – List # on 2016 Pinny. # _____			
OPTION #5:			
3-8 Grades - Returning Players ONLY	\$80	\$90	
Wear 2016 Uniform -- List # on 2016 Uniform # _____			

CIRCLE Current Grade: K 1 2

or

CIRCLE Current Grade / Graduation Year:

3/2026	4/2025	5/2024
6/2023	7/2022	8/2021

PAL Lacrosse 2017 Spring Information Below:

ELIGIBILITY: Boys in current grades of K – 8th. Players are placed on teams based on their grade level in the current school year.

REGISTRATION: Team breakdowns will depend on the number of registered players in each grade level.

WHEN / WHERE: Practice begins in early March. Local practices in Riverhead area. Games played on Sunday April through beginning of June. Travel team throughout Suffolk County. Half of games played in Riverhead and the other half on various fields throughout Suffolk County.

EQUIPMENT REQUIRED: Each participant must provide their own lacrosse equipment for the program.

PLAYER WILL NEED: Lacrosse helmet, stick, shoulder pads, gloves, athletic supporter with cup and mouth guard.

Riverhead PAL Waiver – Read, Sign & Date Below

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.

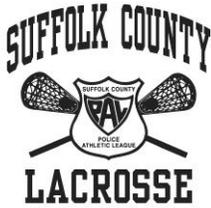
Parent /Guardian **Signature above** _____ **date** _____

Parent/Guardian **Print Name above** _____

PAL Office use ONLY: CHECK / CASH Name: _____

CK/CASH Date: _____ # _____ \$ _____

DATE Entered RP: _____ 2016 / 2017



SUFFOLK COUNTY P.A.L.
LACROSSE LEAGUE
OFFICIAL REGISTRATION FORM 2017

BOTH SIDES of this Registration Form **MUST** be completed.

- 1. Organization **Riverhead PAL Waves Lacrosse**
- 2. Players's Name _____ Date of Birth _____ Age: _____
Please PRINT CLEARLY
- 3. School Attending Aquebogue Phillips Ave Riley Ave Roanoke Ave
 Pulaski Street Riverhead Middle School Other _____
- 4. Grade Attending: K-1st 2nd 3rd 4th 5th 6th 7th 8th

Suffolk County PAL Lacrosse League
Player Registration

Name: _____

Address: _____

Town: _____ State: _____ Zip: _____

New Player: Yes or No Returning Player: Yes or No

I/We, the parent(s) of the above named child, hereby give our 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/We, the parent(s) of the above named candidate for a position on a league team hereby give my/our approval to his/her participation in all league activities during the current season. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities; and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the Police Athletic League, Inc., associated organizations, the organizers, sponsors, supervisors, participants and person transporting my/our child to or from activities, for any claim arising out of any injury to my/our child, except to the extent and in the amount covered by accident or liability insurance.

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

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 from the league and a fine to the organization from which he/she belongs.

Parent's E-Mail address: _____
Please PRINT CLEARLY This E-Mail address is for the sole use of Suffolk County PAL and will not be given, sold or distributed to anyone.

Parent(s)/Guardian Signature _____ Date: _____

Parent(s)/Guardian Name: _____
Please PRINT CLEARLY