



Riverhead Police Athletic League
 210 Howell Avenue, Riverhead, NY 11901
 Juvenile Aid Bureau - 631-727-4500 x273
 David J. Hegermiller, Chief of Police



2020 BOYS LACROSSE Grades K-8

Mandatory IN PERSON Registration / NEW 2020 Uniform FIT Night

2 Nights ONLY: Thursday, January 9 & Monday, January 13 – 6:30-8:00 PM

Location: Senior Center, 60 Shade Tree Lane, Aquebogue—DEADLINE: Jan. 13, 2020

ON LINE Registration begins December 6, 2019 @ riverheadrecreation.com

PRINT LAST Name: _____ First Name: _____

**** PLAYER LAST NAME above will be PRINTED on Pinnie****

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 Phone: _____

Payment: Check payable to Riverhead PAL or EXACT CASH
 ALL Players MUST purchase a NEW Uniform for 2020 Lacrosse Season
 YOUR Last Name, Graduation Year and Number will be printed on Pinnie

FEE: Riverhead Resident	Non-Resident
\$120	\$130

Registrations received after 1/13/20 will not be guaranteed a uniform.

PAL Lacrosse 2020 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 March 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.

BOTH SIDES OF REGISTRATION MUST BE COMPLETED -->

PAL OFFICE USE ONLY: DATE: _____/_____/2020

CHECK # _____ or CASH RECEIPT # _____

\$ _____

NAME: _____

Date Entered RP _____/_____/2020

LIST 3 #'s for your 2020 uniform below :

CIRCLE PINNIE SIZE:

YOUTH – YS/YM OR YL/YXL

ADULT – AS/AM OR AL/AXL

CIRCLE SHORT SIZE:

YOUTH – S M L XL

ADULT – S M L XL XXL

CIRCLE GRADE / GRAD YEAR:

K /2032 1 /2031

2 /2030 3 /2029

4 /2028 5 /2027

6 /2026 7 /2025

8 /2024



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Riverhead PAL Waiver

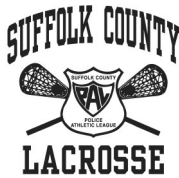
I, the parent/guardian of the above named child, hereby give my consent for participation in the above activity and do claim that he/she is in perfect physical condition to participate in said activity.

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**



SUFFOLK COUNTY P.A.L. LACROSSE LEAGUE

OFFICIAL REGISTRATION FORM 2020

Organization **Riverhead PAL Waves Lacrosse**

Players's Name _____
 Please PRINT CLEARLY

School Attending [] Aquebogue [] Phillips Ave [] Riley Ave [] Roanoke Ave [] Pulaski Street [] RMS School [] Other _____

Grade Attending: [] K-1st [] 2nd [] 3rd [] 4th [] 5th [] 6th [] 7th [] 8th

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