



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



2015 PAL GIRLS LACROSSE REGISTRATION

PAL ONLINE Registration begins October 31, 2014 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.

All Registrations must be received ONLINE or at PAL Office January 9, 2015

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

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

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 GIRLS'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: _____

NEW Players Grades K-8 - MUST Purchase NEW Uniform to own and use in future lacrosse seasons. **Choose OPTION #1.**

Returning Players Grades 1-8 - Returning players who own reversible black, white & blue checkered 2014 uniform may reuse uniform. **Choose OPTION #2, #3 or #4 below.**

CIRCLE SIZES:

Youth Pinny Size:

Sm/Med (7/8) or Lg /X-Lg (10/12)
 18"W, 19"L 18"W, 22"L

Adult Pinny Size:

Sm/Med or Lg/ X-Lg or XX-Lg
 20"W, 25"L 22"W, 25"L 23"W, 25"L

Youth Short Size: Waist inch:

Small / Med / Large / X-Lg
 18-20 20-22 24-26 28-30

Adult Short Size: Waist inch:

Small / Med / Large / X-Lg
 26-28 30-32 34-36 38-40

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

FEES: Riverhead Resident Non-Resident

OPTION #1:

K-8 NEW Players	\$145	\$155
Includes Purchase 2015 Uniform MUST choose:		
3 #'s for your uniform: # _____, # _____, # _____		

OPTION #2:

1- 8 Grade - Returning Players ONLY	\$117	\$127
Purchase Pinny Only – List # on 2014 Pinny. # _____		

OPTION #3:

1-8 Grades - Returning Players ONLY	\$108	\$118
Purchase Shorts Only – List # on 2014 Pinny. # _____		

OPTION #4:

1-8 Grades - Returning Players ONLY	\$80	\$90
Wear 2014 Uniform. PAL Records: List # on 2014 Uniform # _____		

CIRCLE Current Grade:

K	1	2
3	4	5
6	7	8

PAL Lacrosse 2015 Spring Information Below:

ELIGIBILITY: GIRLS 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 → end of March through end of May. 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 stick, goggles 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: _____ 2014 / 2015