





**SUFFOLK COUNTY P.A.L.**  
**LACROSSE LEAGUE**  
**OFFICIAL REGISTRATION FORM 2015**

**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-1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup>

**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