



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



Complete reverse if necessary →

2018 PAL GIRLS LACROSSE REGISTRATION

IN PERSON *TRY ON Uniform* Registration @ Senior Center 60 Shade Tree Lane, Aquebogue

*** Monday, October 23 or Thursday, October 26 – 6-8 PM ***

ON LINE Registration begins October 19 available at → riverheadrecreation.com

Mail Registration & check payment to address above or stop by PAL Office Vestibule to complete and slide through PAL door.

**** Deadline: Registration must be received ONLINE or at PAL Office December 13, 2017– 4:30 PM ****

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: _____

Registration MUST BE @ PAL OFFICE by Dec 13 – 4:30 PM.
Registrations received after deadline will not guarantee a uniform.
Check payment payable to → Riverhead PAL.
CASH payment → bring EXACT cash to IN PERSON Reg Night or PAL Office.

NEW Players Grades K-8 - MUST Purchase NEW Uniform to own and use in future lacrosse seasons.

Returning Players Grades 1-8 - Reuse 2017 uniform or order a new uniform set or only pinny or shorts.

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

FEES: Riverhead Resident Non-Resident

K-8 NEW Players or those ordering uniform set.
\$145 **\$155**

MUST choose:

3 #'s for your uniform: # _____, # _____, # _____

Returning Players **\$115** **\$125**

Purchase Pinny Only – List # on 2017 Pinny. # _____

Returning Players **\$110** **\$120**

Purchase Shorts Only – List # on 2017 Pinny. # _____

Returning Players **\$80** **\$90**

Wear 2017 Uniform.

PAL Records:List # on 2017 Uniform # _____

CIRCLE Current Grade: K 1 2 3
4 5 6 7 8

PAL GIRLS Lacrosse 2018 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.

K & 1 Games are played on **Saturdays**. **2-8 Grade** games played on **Sunday**.

Games run 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 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: _____

Date: _____ / _____ 2017/18 # _____ \$ _____

DATE Entered RP: _____ / _____ 2017/18