



## Riverhead Police Athletic League

210 Howell Avenue, Riverhead, NY 11901

Juvenile Aid Bureau - 631-727-4500 x273

Edward J. Frost, Chief of Police



## 2025 BOYS LACROSSE Grades K-8

Mail Registration & payment to PAL Office address above or register online at [riverheadrecreation.com](http://riverheadrecreation.com) **FIRM DEADLINE: DEC. 16, 2024**

In Person try on uniform registration 5-7 PM on November 21, 2024 @ Riverhead Sr. Center, 60 Shade Tree Ln. Riverhead

PDF's available at [townofriverheadny.gov](http://townofriverheadny.gov), Departments, Police, PAL **BOTH SIDES OF REGISTRATION MUST BE COMPLETED**

PRINT LAST Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Circle Current Grade : K 1 2 3 4 5 6 7 8 Date of Birth: \_\_\_\_\_

Check: ☐ Returning Player - Returning 2024 players do not need to submit Birth Certificate or Proof of Grade for 2025 season.

☐ \*New Player MUST attach Birth Certificate. Proof of Grade on School Letterhead is required only if player is born before December 1st of the previous year of grade level.

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

MAILING ADDRESS if different from Street Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Would you be interested in Coaching a Boy's LAX Team? ☐ YES ☐ NO

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Home 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 Cell: \_\_\_\_\_

PAYMENT: Check/Money Order ONLY. NO Cash. Make payable to Riverhead PAL. \$25 returned check fee. **BOTH PAGES OF REGISTRATION MUST BE COMPLETED**

DEADLINE: Registration & payment **FIRM DEADLINE: DECEMBER 16, 2024.**

**NEW Players ONLY** : The League **REQUIRES** a copy of Players Birth Certificate and that any players born before December 1st of the previous year of grade level must furnish written proof of grade from the school they attend on school stationery. **Returning 2024 players** do not need to submit.

FEES:	Riverhead Resident	Non-Resident
Registration Fee	\$75	\$85
Uniform Choice *		
Full Uniform, Pinnie & Shorts	\$44	\$44
Pinnie only	\$20	\$20
Shorts only	\$24	\$24

\*If using your uniform from 2024 you do not have to purchase a uniform for 2025.

If using 2024 uniform, indicate pinnie # \_\_\_\_\_

**NOTE:** Registrations received after 12/16/24 deadline may not be processed and uniforms are not guaranteed.

### LIST 3 # choices for your 2025 pinnie below :

# Choice 1: \_\_\_\_\_ # Choice 2: \_\_\_\_\_ # Choice 3: \_\_\_\_\_

### CIRCLE PINNIE SIZE:

YOUTH — YS/YM OR YL/YXL  
or  
ADULT — AS/AM OR AL/AXL

### CIRCLE SHORT SIZE:

YOUTH — S M L XL  
or  
ADULT — S M L XL XXL

### CIRCLE GRADE / GRAD YEAR:

K /2037	1 /2036
2 /2035	3 /2034
4 /2033	5 /2032
6 /2031	7 /2030
8 /2029	

Player's Last Name, Graduation Year and Number will be printed on Pinnie.

### PAL Lacrosse 2025 Spring Information Below:

**ELIGIBILITY:** Boys in current grades of K – 8<sup>th</sup>. 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:** Weekday evening practice begins in early March. Local practices in Riverhead area. Games played on Saturdays & Sundays, note below. 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, arm pads, gloves, athletic supporter with cup and mouth guard.

Saturday/Sunday games, March 22—May 18, 2025.

No games—Easter weekend April 19/20

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PAL OFFICE USE ONLY:

CHECK # \_\_\_\_\_ \$ \_\_\_\_\_

CHECK DATE \_\_\_\_\_/\_\_\_\_\_/2024

NAME: \_\_\_\_\_

Date Entered RP \_\_\_\_\_/\_\_\_\_\_/2024



## 2025 BOYS LACROSSE Grades K-8 Riverhead PAL Waiver

Player's Name: \_\_\_\_\_

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 \_\_\_\_\_

Date: \_\_\_\_\_



## SUFFOLK COUNTY P.A.L. LACROSSE LEAGUE OFFICIAL REGISTRATION FORM 2025

Organization: Riverhead PAL Waves Lacrosse

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/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_

## Suffolk County Police Athletic League Player's and Parents Ethics Pledge

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 for the league and a fine to the organization from which he/she belongs. The following will bring to your attention the type of behavior we hope and expect from our parents. Please read, sign and follow the pledge for a safe and enjoyable season for your child.

I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game or practice.

I will emphasize skill, development and practices and how they benefit my child over winning.

I will refrain from coaching my child or others during games and practices unless I am an official coach.

I will inform the coach of any physical disability or ailment that may affect the safety of my child or others.

I will place the emotional and physical well-being of my child ahead of a personal desire to win.

I will support my organization, our coaches and officials working with my child, to encourage a positive and very enjoyable experience for everyone.

I will demand a sports environment for my child that is free of drugs, tobacco and alcohol and will refrain from their use at all Suffolk County P.A.L. sporting events.

I will ask my child to treat other players, coaches, officials and fans with respect regardless of race, sex, creed or ability.

I will respect the officials and their authority during games and will not question, discuss or confront coaches at the game field.

I will speak with coaches at an agreed time and place.

I will not engage in any unsportsmanlike conduct with any official, coach, player or parent, such as booing and taunting, refusing to shake hands, or using profane language or gestures.

I will help my child enjoy this experience by doing whatever I can, such as being a respectful fan, becoming an assistant coach, provide transportation, anything you can do that's Positive.

Let the coaches' coach – let the officials officiate and above anything else; **LET THE CHILDREN PLAY.**

I will be responsible for the conduct of all guests that I bring to my child's game.

I will remember that this is just a game. Let your child dream his own dreams, let your child **PLAY** and have fun.

Thank you for your cooperation and have a great season.

Parent/Guardian please sign name here: \_\_\_\_\_

## PLAYER'S CODE OF ETHICS

I will encourage good sportsmanship from my fellow participants at every game and practice by demonstrating good sportsmanship.

I will attend every practice and game that I can and will notify my coaches if I cannot.

I will do my best to listen and learn from coaches.

I will treat my coaches, other players, officials and fans with respect regardless of race, sex, creed or abilities and I expect to be treated accordingly.

I deserve to have fun during my P.A.L. experience and I will tell my parents or coaches if it stops being fun.

I will encourage my parents to be involved with my activity in some capacity because it is important to me.

I will do my best in school.

I will remember that my participation in P.A.L. is an opportunity to learn and have fun.

Player's Signature: \_\_\_\_\_