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) **18"W, 19"L** OR Lg /X-Lg (10/12) **18"W, 22"L**

Youth Short Size: Waist inch:
Small / Med / Large / X-Lg
18-20 20-22 24-26 28-30

Adult Pinny Size:
Sm/Med **20"W, 25"L** OR Lg/ X-Lg **22"W, 25"L** OR XX-Lg **23"W, 25"L**

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:

ELIGILIBILITY: 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