

Riverhead Police Athletic League

210 Howell Avenue, Riverhead, NY 11901 Juvenile Aid Bureau - 631-727-4500 x273 David J. Hegermiller, Chief of Police



2021 GIRLS LACROSSE Grades K-8

Registration & payment(s) MUST BE MAILED to PAL Office address above. Received by DEADLINE: January 15, 2021 PDF's available at townofriverheadny.gov, Departments, Police, PAL

PRINT LAST Name:		First Name:			
Date of Birth:		BOTH PAGES OF REGISTRATION MUST BE COMPLETED			
Returning Player [] or *New Play	/er [] *New Players m	ust submit Family Accoun	t Info Form. Visit townofriverheadny	.gov, Departments, Police, PAL.	
Street Address			City:	Zip:	
MAILING ADDRESS if different from Street Ac	ddress:		City:	Zip:	
Parent/Guardian Name:		Would you b	e interested in Coaching a Boy's	LAX Team? [] YES [] NO	
Home Phone: ()		Parent Cell Phone	e: ()		
Parent E-Mail (please print clearly)			@		
All information must be complete.	Mail Address is very	important. <u>E-Ma</u>	ail is our main line of communica	tion for practice and updates.	
Emergency Contact / Relationship:			Emergency Phone:		
PAYMENT: Checks/Money Orders ONLY. Mail NOTES: Registration Fee payment will be held returned in the mail. Regardless of season decthrough end of April. There is a \$20 returned or the season season because through end of April.	d until 2021 season is confirmation, uniforms will be order	med. If circumstances pre red & distributed. Submit	vent the lacrosse season, your original payment by mail ONLY (address abo	ral Registration Fee payment will be	
FEES: River	rhead Resident	Non-Resident	Riverhead PAI Waiver - 6	Read, Sign, Print & Date Below	
Check #1 = Registration Fee	\$75	\$85	I, the parent/guardian of the abov	re named child, hereby give my consent	
Charletta Uniform Charlet			for participation in the above activ	ity and do claim that he/she is in perfect	
Check #2 = Uniform Choice *	440		physical condition to participate in	said activity.	
Full Uniform, Pinnie & Shorts	\$42	\$42	Furthermore, I, the parent/guardia	an of the above named candidate for a	
Pinnie only Shorts only	\$19 \$23	\$19 \$23	in all league activities during the cu	give my approval to his/her participation urrent season. I assume all risks and	
*If using your uniform from 2020, you d NOTE: Registrations received after 1, uniforms are not guaranteed.	o not have to purchase	a uniform for 2021.	from the activities; and I do hereby agree to hold harmless the Riverhe organizations, the organizers, spon	daughter, except to the extent and in the	
LIST 3 # choices for y	our 2021 pinnie	below:			
# Choice 1: # Choice 2:	# Choice 3:		Parent /Guardian Signature	above	
CIRCLE PINNIE SIZE:	CIRLE GRADE /	GRAD YEAR:	date:		
YOUTH - YS/YM OR YL/YXL	K /2033	1/2032	Parent/Guardian Print Nam	e above	
ADULT – AS/AM or AL/AXL	2 /2031	3 /2030	CHECK DATE://2020, 20	021 # \$	
CIRCLE SHORT SIZE:	4 /2029	5 /2028	NAME:		
YOUTH – S M L XL	6 /2027	7 /2026	CHECK DATE/2020, 2	2021 #\$	
ADULT—S M L XL XXL	8 /	2025	NAME:		
- Player's Last Name, Graduation Year	and Number will be p	rinted on Pinnie.	Date Entered RP	//2021	
				Boro I/	

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

Player's name:		

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 print name here:	
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 remember that my participation in P.A.L. is an opportunity to learn and have fun.

Player's Signature:	

PAL Girl's Lacrosse 2021 Spring Information Below:

ELIGILIBILITY: Girls in current grades of $K - 8^{th}$.

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 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 stick, goggles & mouth guard

K-1 Grade -5 Games starting 4/18/21

2-8 Grade—6 Games starting 4/11/21

No Games Mothers Day 5/9/21



Page 2/2

