



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

GRADE:  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>  
(Check one of the above)

- 1. ORGANIZATION: \_\_\_\_\_
- 2. PLAYER'S NAME: \_\_\_\_\_ D.O.B.: \_\_\_\_\_
- 3. SCHOOL ATTENDING: \_\_\_\_\_ GRADE ATTENDING: \_\_\_\_\_



SUFFOLK COUNTY P.A.L. LACROSSE LEAGUE PLAYER REGISTRATION

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

ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

NEW PLAYER: \_\_\_\_\_ RETURNING PLAYER: \_\_\_\_\_

I/We, the parent(s) of the above name 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 an 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: \_\_\_\_\_

This e-mail address is for the sole use of Suffolk County P.A.L. and will not be given, sold or distributed to anyone.

For those who wish to register on line, please check this box in lieu of signature:

Parent(s)/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_