



Suffolk
Youth Lacrosse Program
Official COACHES Form

7 8 7&8 9 10 11 12 13

(Circle one of the above)

1. ORGANIZATION _____
2. DIVISION _____ EAST (circle one) WEST _____
3. SEX _____ MALE (circle one) FEMALE _____
4. CELL PHONE NUMBER _____
5. BEEPER NUMBER _____
6. EMAIL ADDRESS _____



ADULT REGISTRATION

PRINT OR TYPE

ALL INFORMATION MUST BE COMPLETED

LAST NAME	FIRST NAME	M.I.
ANY FORMER NAME OR ANY OTHER NAME BY WHICH YOU WERE KNOWN		
NUMBER AND STREET	OCCUPATION	
TOWN	STATE	ZIP
HOME TELEPHONE #	BUSINESS TELEPHONE #	
SOCIAL SECURITY #	BIRTH DATE	

MONTH/YEAR	
PROGRAMS	
CENTRAL RECORDS	CHECK DATE

INFORMATION MAY BE USED FOR CHECK OF ARREST RECORDS, INCLUDING SEALED RECORDS, IF ANY, FROM WITHIN THE JURISDICTION OF THE SUFFOLK COUNTY POLICE DEPARTMENT. I AUTHORIZE THE RELEASE OF THIS INFORMATION DIRECTLY TO THE SUFFOLK COUNTY PAL.

Smithtown Youth Lacrosse 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 or she belongs.

Signature _____ Date _____