

**2009 Participate/Waiver/Release/Assumption of Risk /Agreement  
Parent/Guardian (Please Read and Sign)**

Will your child be covered by your own medical insurance? YES \_\_\_\_ NO \_\_\_\_

**Note: Individual provides primary Medical Coverage. Town Insurance is Secondary. Raiders Insurance is Tertiary.**

**Minor Waiver/Release**

IN CONSIDERATION OF, \_\_\_\_\_, my minor child, being allowed to participate in any way in the Long Valley Raiders Football Association, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,

I willingly agree to comply with the programs stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention to the LVRFA BOARD OF DIRECTORS immediately; and,

I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

**(PARENT/GUARDIAN SIGNATURE)** \_\_\_\_\_ **(PRINT NAME)** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

**UNDERSTANDING OF RISK/ MEMBERSHIP AGREEMENT**

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to all Long Valley Raiders and Morris County Youth Football rules and regulations, and accept them as a participant.

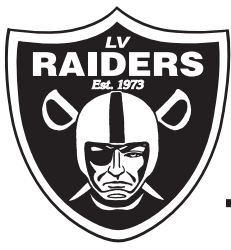
I agree to furnish, upon request, a certified copy of my/our child's birth certificate for age verification, so that they may participate within the Morris County Youth Football League. I agree to furnish, upon request a completed Medical Release Form. I agree to abide by the LVRFA Player's and Parent Code of Conduct. I agree to attend regular monthly meetings when possible, and acknowledge that I have been afforded the opportunity to read the by-laws of the LVRFA.

I, the parent/guardian of the above named player, hereby grant my permission for his/her participation in any and all LVRFA activities, during the current season. I assume all risks and hazards incidental to such participation, including transportation, to and from activities. I hereby waive, release, absolve, indemnify and agree to hold harmless, the LVRFA, its organizers, sponsors, supervisors, participants, and persons transporting my child to and from activities, for any claim arising out of injury to my child. Except to the extent and in the amount covered by accident and/or liability insurance.

I understand that my membership is a privilege and not a right and any default of myself, my spouse, my/our heirs, assigns, personal representatives and next of kin will invoke the membership. I agree to return upon request all equipment, including game uniforms, issued to my child, by the LVRFA, in as good of condition as when received, except for normal wear.

**(PARENT/GUARDIAN SIGNATURE)** \_\_\_\_\_ **(PRINT NAME)** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_



# THE LONG VALLEY RAIDERS FOOTBALL ASSOCIATION

LVRFA  
PO BOX 270  
LONG VALLEY, NJ 07853

## 2009 Season Membership Application

Player Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address(es): \_\_\_\_\_

Alternate E-mail Address: \_\_\_\_\_

Grade as of Sept. 2009: \_\_\_\_\_ School as of Sept. 2009: \_\_\_\_\_

Weight (lbs.): \_\_\_\_\_ Sex: Male / Female (circle one)

Parent's/ Guardian's Last Name (if different): \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

## 2009 TEAM REGISTRATION (Please Check)

Varsity  Junior Varsity  Pee Wee  Super Pee Wee  Clinic  Pre Clinic  Flag

Fees: \$160 for one player (contact teams), \$110 each additional family member (contact teams), \$90 each player (flag team)

Please complete separate membership form for each additional player; Returned Check Fee: \$25 per Check

No Registrations accepted after 4/30/2009 without Board Approval (\$50 late fee will be assessed); **No Refund after Equipment Pick-up**

## 2009 VOLUNTEER PARTICIPATION (Please Read and Initial)

The LONG VALLEY RAIDERS FOOTBALL ASSOCIATION (LVRFA) is a volunteer organization that receives no financial assistance from the town. In order to field the teams, pay for approximately \$300 worth of equipment per player and other costs such as lighting, field use fees, practice equipment, etc., the Raiders rely on the participation of all parents/guardians to give the children the chance to participate in football. We ask all parents/guardians to help make this year successful. The following levels are responsible for the task listed below and **each family will be assigned a date and time to volunteer.**

**Concessions: PW, JV and Varsity** (Responsible for Concession Sales at All Home Games on Sundays and Weeknight Home Games)

**Apparel: Clinic and SPW** (Responsible for selling Apparel at Picnic, Pep Rally and at All Home Games)

**Field Maintenance/Painting: Pre Clinic-Upper Field, Flag-Game Field,** (Responsible for Line Painting, Garbage Removal & Press Box Maintenance)

We also ask for your participation in an additional organization activity. You may be called upon to volunteer in the event that there is a need for additional help. Please sign up for at least one other activity that may interest you and that your level has not already been assigned.

**Coaching (Please complete separate application form)** \_\_\_\_\_

Concessions \_\_\_\_\_ Fundraising \_\_\_\_\_ Apparel \_\_\_\_\_ Picnic \_\_\_\_\_ Game Announcer \_\_\_\_\_

Field Maintenance/Painting \_\_\_\_\_ Varsity Banquet Committee \_\_\_\_\_ Videotaping Games \_\_\_\_\_

Scoreboard Operation (at Home Games) \_\_\_\_\_ Yearbook Committee (Take Pictures at All Games and Practices) \_\_\_\_\_

By initialing this form you agree to make every effort to participate/volunteer your time to your assigned activity. \_\_\_\_\_

## 2009 FUNDRAISING

THE LONG VALLEY RAIDERS FOOTBALL ASSOCIATION requires fees as well fundraising to support our program. **AS A MEMBER YOU ARE REQUIRED TO FUNDRAISE.** If you do not wish to participate in this year's fundraiser (Yankee Candle Fundraiser) **you may opt to pay an additional fee of \$45.00** at this time. Your name will be added to a list of supporters and you will not be required to participate in the fundraiser.

INDICATE YOUR PARTICIPATION IN THIS YEARS FUNDRAISING PROGRAM \_\_\_\_\_ YES \_\_\_\_\_ NO

OR

INDICATE IF YOU ARE OPTING OUT AND PAYING THE \$45 AT THIS TIME \_\_\_\_\_ YES \_\_\_\_\_ NO

Amt Rcv'd: \$ \_\_\_\_\_ Cash \$ \_\_\_\_\_ Check No. \_\_\_\_\_ # of Players \_\_\_\_\_ Opt Out: \_\_\_\_\_ BC: \_\_\_\_\_