



THE LONG VALLEY RAIDERS FOOTBALL ASSOCIATION

LVRFA
PO BOX 270
LONG VALLEY, NJ 07853

2010 Membership Application

EMERGENCY TREATMENT AUTHORIZATION FORM

FORM TO BE COMPLETED AND RETURNED TO YOUR CHILD'S HEAD COACH
BY THE FIRST PRACTICE (IN AUGUST).

PLEASE DO NOT MAIL IT TO THE PO BOX!!

To Whom It May Concern:

As a parent and/or guardian of _____, a minor, I hereby authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency, which, in the opinion of the attending physician, may endanger my child's life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of Parent/Guardian _____

Address _____

City _____ State _____ Zip _____

Daytime Phone #: () _____ - _____

Cell Phone #: () _____ - _____

Evening Phone #: () _____ - _____

Family Physician: _____ Phone #: () _____ - _____

Dates during which release is granted: From _____ To _____

Coaches and medical personnel should be aware of: _____

Other person to contact in case of emergency: _____

Relationship to child _____

Daytime Phone #: () _____ - _____

Cell Phone #: () _____ - _____



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MEDICAL PERMISSION FORM

FORM TO BE COMPLETED AND RETURNED TO YOUR CHILD'S HEAD COACH
BY THE FIRST PRACTICE (IN AUGUST).

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>> To be filled out by Parent or Guardian:

Name of Participant: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Date of birth: _____

Level (check one):

Varsity: ____ JV: ____ PW: ____ SPW: ____ Clinic: ____ Pre-Clinic: ____ Flag: ____

Signature of Parent/Guardian: _____ Date: _____

Note to Parents: Physical Examinations must be completed and turned into your child's Head Coach prior to or on the first day of practice in order for your child to participate in any practices.

>> To be completed by Physician:

Name: _____

has been examined by our office and has been found to be physically fit to play football

(Height) _____ (Weight) _____

Physicians Signature _____ Date _____

Physicians Stamp _____