



THE LONG VALLEY RAIDERS FOOTBALL ASSOCIATION

LVRFA
PO BOX 270
LONG VALLEY, NJ 07853

2010 Season Membership Application

Make changes & additions where needed (please **highlight** or use **red pen** to indicate change)

Player's Information	
Last Name:	First Name:
D.O.B.:	Age on August 1, 2010:
School Attending:	Grade Entering Sept. 2010:
Weight:	Gender:
Parent/Guardian	
Father's Last Name:	Father's First Name:
Mother's Last Name:	Mother's First Name:
Contact Information	
Street :	
Town:	Zip:
Home #:	Mobile #:
E-Mail:	2nd E-Mail:

2010 TEAM REGISTRATION

2010: HYUa`@jYSSSSSSSS

Contact Team: \$170 for one player, \$110 each additional family member

Flag Team: \$95 each player

Field Usage Fee: \$10 -- this fee is assessed by the town, not by LVRFA

Responsibility Bond Deposit: Check for \$125. dated 11/1/10, for the responsibility bond deposit, made payable to Long Valley Raiders Football Association (one check per family)

Returned Check Fee: \$25 per Check

No Registrations accepted after 3/30/2010 without Board Approval (\$50 late fee will be assessed)

No Refund after Equipment Pick-up

BC: _____

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

**2010 VOLUNTEER PARTICIPATION
& RESPONSIBILITY WORK BOND INFO (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 and field equipment, the Raiders rely on the participation of all parents/guardians to give the children the chance to participate in football.

Parents or legal guardians will be required to provide The Long Valley Raiders Football Association with a \$125 responsibility bond check (post-dated 11/1/2010). Parents and guardians are required to work their assigned volunteer duties, at their assigned dates and times. We need every family to volunteer no less than 4 hours. Those who do not fulfill their work bond requirements AND who do not return the equipment at the end of the season to the association will forfeit the full responsibility bond.

We ask all parents/guardians for their cooperation 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 any other volunteer opportunity that may interest you and that your level has not already been assigned.

Coaching (Please complete separate application form) _____

Concessions	Fundraising
Apparel	Field Maintenance/Painting
Videotaping Games	Picnic
Game Announcer	Scoreboard Operation (at Home Games)
Chain Gang	
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.

2010 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 \$50.00** at this time. Your name will be added to a list of supporters and you will not be required to participate in the fundraiser.

I AM PARTICIPATING IN THIS YEARS FUNDRAISING PROGRAM YES _____ NO _____
OR
 I AM OPTING OUT AND PAYING THE \$50 AT THIS TIME YES _____ NO _____

**2010 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: _____