

EQUIPMENT DEPOSIT \$100.00	RECREATION CHEER \$85.00	COMPETITION CHEER \$130.00	FLAG CHEER \$75.00	FAMILY \$180.00
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PLEASE PRINT

REG# _____

CASH \$ _____ CHECK # _____ AMOUNT PAID \$ _____

VYF&C CHEERLEADING REGISTRATION

FIRST NAME _____

LAST NAME _____

STREET ADDRESS _____

TOWN (POST OFFICE) _____

STATE _____

ZIP CODE _____

DATE OF BIRTH (MM/DD/YY) _____

HOME PHONE # _____

PARENT/GUARDIAN CELL PHONE # _____

GRADE GOING INTO _____

PARENT/GUARDIAN LAST NAME _____

LAST SEASON'S COACH _____

EMAIL ADDRESS _____



<u>REQUESTS</u>	<u>BROTHERS / SISTERS REGISTERED:</u>
	Name: _____ Grade Going Into: _____
	Name: _____ Grade Going Into: _____
	Name: _____ Grade Going Into: _____

Proceeds from the Snack Bar pay the referees, emt's and our league fees. This is the most important job that needs your help. A schedule will be made as soon as we get the game schedule. You will be asked to help during the season for a game. We would appreciate your cooperation in helping this year.

MAKE CHECKS PAYABLE TO: VYF&C, PO Box 824, Vernon, NJ 07462

\$20.00 Charge For Returned Checks

NO REFUNDS

\$20.00 Late Fee (if registered after 4-12-08)

**IF YOU DO NOT SIGN UP BY THE LAST REGISTRATION DATE, YOU
WILL NOT BE GUARANTEED A ROSTER SPOT ON A TEAM.**

PLEASE READ PAGE TWO CAREFULLY AND SIGN AT THE BOTTOM



SIGNATURE OF PARENT/GUARDIAN _____

VERNON YOUTH FOOTBALL/CHEERLEADING

FOOTBALL / CHEERLEADING IS AN ACTIVITY WHICH SOMETIMES INVOLVES PHYSICAL COLLISIONS BETWEEN OR AMONG PLAYERS, OR SPECTATORS OR REFEREES, OR WITH FLOORS, WALLS, FENCES AND EQUIPMENT AND MAY RESULT IN PHYSICAL INJURY. PHYSICAL INJURY MAY OCCUR EVEN WITHOUT IMPACT OR COLLISION. WE, THE UNDERSIGNED, ACKNOWLEDGE AND ASSUME THE RISK OF INJURY TO OURSELVES AND / OR OUR CHILD INHERENT IN PARTICIPATING IN THE ACTIVITY INCLUDING, BUT NOT LIMITED TO, INJURIES OR DAMAGES ARISING FROM THE NEGLIGENCE OR CARELESSNESS OF OTHER PARTICIPANTS, REFEREES, SPECTATORS AND OTHERS ON THE PREMISES. WE UNDERSTAND THAT WE OR OUR CHILD SHOULD NOT START OR PARTICIPATE IN ANY PROGRAM OR PHYSICAL ACTIVITY WITHOUT FIRST CONSULTING WITH A PHYSICIAN AND HAVE A PARTICIPANT UNDERTAKE A PHYSICAL CHECK UP. IF INJURIES SHOULD OCCUR DURING THE COURSE OF THE ACTIVITY, WE UNDERSTAND THAT WE SHOULD AND WE WILL SEEK APPROPRIATE MEDICAL ATTENTION AND FOLLOW THE DOCTOR'S ORDERS REGARDING MEDICAL TREATMENT AND FUTURE PARTICIPATION. ANY INJURIES SHALL PROMPTLY BE REPORTED TO THE RECREATION ASSOCIATION.

WE FURTHER UNDERSTAND THAT THE TOWNSHIP OF VERNON AND / OR THE BOARD OF EDUCATION OF VERNON PERMITS THE RECREATION ASSOCIATION TO UTILIZE ITS FIELDS AND FACILITES IN CONNECTION WITH THE RECREATION ASSOCIATION PROGRAMS. WE FURTHER UNDERSTAND THAT THE TOWN / BOARD OF EDUCATION WILL MAKE REASONABLE EFFORTS TO PROVIDE SAFE FIELDS AND FACILITIES BUT THAT THE TOWN / BOARD OF EDUCATION PROVIDES NO ACTIVE SUPERVISION OF THE ACTIVITIES CONDUCTED BY THE RECREATION ASSOCIATION AND IS NOT RESPONSIBLE FOR CONDITIONS THAT ARE CREATED BY THE RECREATION ASSOCIATION'S USE OF THOSE FACILITIES OR THE PARTICIPANTS, REFEREES, SPECTATORS AND OTHERS ON THE PREMISES IN CONNECTION WITH THE ACTIVITIES.

WE UNDERSTAND THAT WE AND / OR OUR CHILDREN SHOULD WEAR AND PROPERLY MAINTAIN PROTECTIVE EQUIPMENT SUITABLE TO THE ACTIVITY AND OUR PHYSICAL CONDITION AT ALL TIMES THAT WE PARTICIPATE IN THE ACTIVITY.

IN LIGHT OF THE ABOVE, WE HEREBY AGREE TO RELEASE AND HOLD HARMLESS THE TOWNSHIP OF VERNON AND THE VERNON TOWNSHIP BOARD OF EDUCATION (INCLUDING ITS DEPARTMENTS, OFFICIALS, AGENTS, EMPLOYEES AND SERVANTS) FROM ANY AND ALL SUITS, CLAIMS, COSTS (INCLUDING WITHOUT LIMITATION ATTORNEYS FEES) OF ANY KIND OR INJURIES TO PERSONS AND / OR PROPERTY ARISING OUT OF ANY ACT OR OMISSION OF OURS OR OUR CHILDREN, OR OTHER PARTICIPANTS, REFEREES AND SPECTATORS OR ANYONE DIRECTLY OR INDIRECTLY INVOLVED WITH OR IN ANYWAY RELATING TO THE ACTIVITY.

DATE: _____

NAME: _____

PLEASE PRINT

SIGNATURE