

Mt. Arlington Board of Recreation Commission

Sports Registration Pack

Tennis  Soccer  T-Ball  Coach Pitch  Girls Softball  Volleyball  Basketball  Cheer  Other \_\_\_\_\_

**\*\* IT IS IMPORTANT THAT ALL THE INFORMATION IS FILLED OUT ON ALL THE FORMS \*\***

**Please Print Clearly**

Participant's Name \_\_\_\_\_ Prefers Nickname: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex M \_\_\_\_\_ F \_\_\_\_\_ Grade (Fall 2010) \_\_\_\_\_ Age \_\_\_\_\_

Did you play on a team last season? Y N Team/Division \_\_\_\_\_ Coach \_\_\_\_\_

Special accommodations are considered but are not guaranteed. Please list for consideration.

**CODE OF CONDUCT**

Please be advised that according to the **State of New Jersey**, the **Mt. Arlington Board of Recreation Commission** has implemented a **ZERO TOLERANCE LAW**. Any unruly conduct from players, coaches, parents or spectators will not be tolerated.

*New Jersey Law (Assembly No. 446) states:* Any (recreation) sponsored programs must now comply with this law. It can be found at [www.njleg.state.nj.us/2002/Bills/A0500/446\\_R1.HTM](http://www.njleg.state.nj.us/2002/Bills/A0500/446_R1.HTM)

*This law states:* (zero tolerance) any unruly players, coaches, parents or spectators that get out of control at a game or practice will be ejected immediately and cannot return until they attend an anger management course. A report will be filed with all local police departments, and any town a league sport is involved with.

**Please sign below that you have read and understand the above policy:**

**PARENTAL RESPONSIBILITY AGREEMENT**

I agree to the following conditions of Parental Responsibility so my child can participate in a Mt. Arlington Recreation Program.

\*I will visually verify the coach (es) are present when I bring my child to practice or a game before I leave the premises.

\*I will pick up my child at the end of a practice/game or arrange for them to be picked up. If I am continually late in picking up my child, I understand that my child may be removed from the team roster.

\*I will not expect the coach to transport my child to/from practice or games without prior arrangement with the coach. I understand that if I am not there to pick up my child from practices/games that the coach will contact your numbers provided, and if by 15 minutes no contact has been made, the local police department may be contacted.

\*I shall be responsible for ensuring my child is familiar with and shall follow rules of such activity.

\*If required I agree to volunteer and support the activity to ensure the safety and stability of the program.

\* I understand that the email I provide will be used by the Mt. Arlington Board of Recreation Commission Sports Coordinators and Members to communicate recreation events and information related to the sport my child is participating in.

**\*I have read and am aware of the CODE OF CONDUCT; I will be responsible for my actions and any fines or punishments that are implemented unto me.**

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\* For RECREATION Use Only \*\*\*\* Received By \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_ Code of Conduct/Parental Agreement \_\_\_ Consent & Hold Harmless Form \_\_\_ Completed Medical Form \_\_\_ Birth Certificate \_\_\_ Photo \_\_\_ Sport Add on Pack

Fee Paid: \$ \_\_\_\_\_ (circle one) Cash Check # \_\_\_\_\_

**EMERGENCY TREATMENT AUTHORIZATION FORM**

To Whom It May Concern:

As the parent or guardian of \_\_\_\_\_, a minor, I hereby authorize the medical treatment by a qualified and licensed individual such as a medical doctor or emergency technician in the event of a medical emergency which, in the opinion of the attending physician/technician, may endanger my child's life, cause disfigurement, physical impairment or undue discomfort if delayed. This release also permits the transportation of my child by ambulance to a medical facility/hospital for treatment. I agree that I will be responsible for all cost and fees incurred relating to medical treatment for my child.

Child's Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Secondary Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Other Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_

Child's Date of Birth (month, day, year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Child's Age \_\_\_\_\_

Indicate specific medical allergies, chronic illnesses, or other conditions coaches and medical personnel should be aware of: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Indicate specific food allergies: \_\_\_\_\_

List of medications child takes on a regular basis (include frequency medication taken):

\_\_\_\_\_  
\_\_\_\_\_

This release is completed and signed of my own free will for the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

This release is granted for the period from 08 / 01 / 2010 to 11 / 30 / 2010

Signature \_\_\_\_\_ Date \_\_\_\_\_

**MORRIS COUNTY**  
**BOROUGH OF MOUNT ARLINGTON**

**CONSENT FORM WAIVER**  
**RELEASE AND HOLD HARMLESS AGREEMENT**

**BETWEEN:** The Borough of Mount Arlington, 419 Howard Boulevard, Mount Arlington NJ .

**AND:**

Participant: \_\_\_\_\_  
Participant Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (MM/DD/YYYY)  
Participant Guardian (if under 18) \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
EMERGENCY CONTACT: \_\_\_\_\_

It is understood and agreed that the participant and/or participant guardian on behalf of the participant:

1. Either is a willing participant or has been given permission by the participant's guardian to participate in recreational activity which may involve travel to and from the activity or other related activities incidental to participation, all of which may result in physical contact or activity in which there are risks of injury inherent in the practice and play of this sport to the participant and is willing to assume and does in fact assume all such risks. In the case of a seasonal recreation activity in which it is anticipated that there shall be multiple events of the same recreational activity, this consent form, waiver, release and hold harmless agreement shall remain in full force and effect throughout the duration of the season.

The participant shall engage in the following seasonal recreational activity:  
\_\_\_\_\_

2. The participant is fully capable of participating in the recreational activity(ies), is healthy and has no physical and/or mental disabilities or infirmities that would restrict full participation in this recreational activity except as explicitly set forth herein:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. THE PARTICIPANT OR THE PARTICIPANT'S GUARDIAN, WHERE THE PARTICIPANT IS UNDER THE AGE OF 18, HEREBY AGREES ON THE PARTICIPANT'S BEHALF TO SAVE, INDEMNIFY HOLD HARMLESS AND DEFEND THE BOROUGH OF MOUNT ARLINGTON, AND ALL OF ITS OFFICERS, AGENTS, REPRESENTATIVES, VOLUNTEERS AND EMPLOYEES OF THE BOROUGH FROM ANY AND ALL LIABILITY FOR DAMAGES FOR INJURY TO PERSON AND PROPERTY, INCLUDING DEATH, AND AGAINST AND FROM ALL SUITS AND ACTIONS AND ALL COSTS, DAMAGES AND CHANGES OF WHATSOEVER KIND AND NATURE, INCLUDING ATTORNEY'S FEES TO WHICH THE BOROUGH MAY BE PUT FOR OR ON ACCOUNT OF ANY INJURY OR ALLEGED INJURY TO PERSON, INCLUDING DEATH, OR PROPERTY, RESULTING FROM OR OCCURRING IN THE NORMAL COURSE OF PARTICIPATION IN THE RECREATION ACTIVITY AND ANY ACTIVITIES INCIDENTAL THERETO, WHETHER THE RESULT OF NEGLIGENCE OR OTHER CAUSE.

4. I hereby acknowledge that the participant  does  does not have medical insurance and that regardless of same, I will be responsible for any unreimbursed or covered medical fees, costs and expenses, no matter how characterized, associated with the care, treatment and or transportation of the participant. I further hereby indemnify, save, hold harmless and defend the Borough of Mount Arlington, its officers, agents, representatives, volunteers and employees from any claim for any medical fees, costs and expenses, no matter how characterized, associated with the care, treatment and or transportation of the participant, whether in whole or in part.

Participant or Participant's Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Mt. Arlington Board of Recreation Commission  
Sports Registration Pack – SOCCER ADD ON

Player's Name \_\_\_\_\_

\*Placement of players in an older age group and/or movement of players between teams at any time is at the discretion of the Soccer Coordinator and RVSL town representative. No child from clinic will be permitted to enter the league until at least 6 years of age or clinic until at least the age of 4.

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**TRAVELING SOCCER INFORMATION (For league players 6-17)**

**PARENTS: The RVSL has a rule about traveling players. No carded players are permitted to play in the RVSL. This league is strictly for recreation. We keep no standings or scores. A player who holds a traveling card must surrender their card in order to play in the RVSL.**

Does your child play traveling soccer? Yes \_\_\_\_\_ No \_\_\_\_\_ Parent Signature \_\_\_\_\_

If you checked yes please contact the Mt. Arlington Soccer Coordinator to surrender your card. Please visit [www.rvsl.org](http://www.rvsl.org) for more information.

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League       Clinic

**ADDITIONAL DOCUMENTS NEEDED**

**Clinic – Ages 4-6**

Birth Certificates are required to be on file.

**League – Ages 6-17**

**E** (6 year olds) **D** (6-7 year olds) **C** (8-9 year olds)

Birth Certificates are required to be on file.

**B** (10-11 year olds) **A** (12-13 year olds) **AA** (14-17 year olds)

(ID'S PROVIDED) Birth Certificate on file and new photo (wallet or smaller) when moving up to a higher division

Mt. Arlington Board of Recreation Commission  
Soccer Uniform & Trophy Order Form

Player's Name \_\_\_\_\_ Year 2010 Season: Fall Spring

**NAME ON TROPHY/MEDAL (PRINT CLEARLY)**

**First Name**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Last Name**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**LEAGUE PLAYERS**

*Please note: New uniforms are provided each **Spring** for the entire team.*

*Children who played in league in the Spring will wear their uniforms they already have, keeping the same number.*

**Please fill out only if your child did not play leagues in the Spring or are moving up from clinic and will need a uniform.**

**Shirt Size – circle one**

Youth small      Youth medium      Youth large  
Adult small      Adult medium      Adult large      Adult X-Large

**Short Size – circle one**

Youth small      Youth medium      Youth large  
Adult small      Adult medium      Adult large      Adult X-Large

**Sock Size – circle one**

Small      Medium      Large

**MUNCKIN SOCCER CLINIC T-SHIRT**

**Shirt Size – circle one**

X-Small (2-4)      Small (6-8)      Medium (10-12)

**\*\*\*\*\* For Mt. Arlington Board of Recreation Use Only \*\*\*\*\***

Division/Clinic \_\_\_\_\_ Team/Coach \_\_\_\_\_ Number/Color \_\_\_\_\_

Mt. Arlington Board of Recreation Commission

Soccer – Parent Volunteer Form

Please Print Clearly

**Children’s Names & Ages:**

Child 1 \_\_\_\_\_ Age \_\_\_\_\_

Child 2 \_\_\_\_\_ Age \_\_\_\_\_

Child 3 \_\_\_\_\_ Age \_\_\_\_\_

Child 4 \_\_\_\_\_ Age \_\_\_\_\_

**PARENT #1**

Name \_\_\_\_\_ Relationship to child(ren) \_\_\_\_\_

Address \_\_\_\_\_

Sex M \_\_\_\_\_ F \_\_\_\_\_ Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

E-mail\* \_\_\_\_\_

I am interested in helping in the following areas (please circle)

Asst Soccer Coordinator	Fundraising (assist Booster club with orders/delivery)	Registration Sign-ups for next season	Clinic Recruiter (locate, communicate with and drop off flyers to local daycares/preschools)
Asst RVSL League Rep	Team Parent (Dads welcome too)	Party Helper Shopper/ Setup/Cleanup	I would like to sponsor a Clinic team (advertise your company on clinic shirts)
Equipment Manager	Trophies (order, organize & disburse)	Field Prep / Liner	Soccer Nets/goals break down and/or set up
End of Season Party Coordinator – Clinic or League	Advertising (post flyers)	Coaching – Please fill out Coaching Volunteer Form	Contact me for all volunteer needs if available I will help out.

**PARENT #2**

Name \_\_\_\_\_ Relationship to child(ren) \_\_\_\_\_

Address \_\_\_\_\_

Sex M \_\_\_\_\_ F \_\_\_\_\_ Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

E-mail\* \_\_\_\_\_

I am interested in helping in the following areas (please circle)

Asst Soccer Coordinator	Fundraising (assist Booster club with orders/delivery)	Registration Sign-ups for next season	Clinic Recruiter (locate, communicate with and drop off flyers to local daycares/preschools)
Asst RVSL League Rep	Team Parent (Dads welcome too)	Party Helper Shopper/ Setup/Cleanup	I would like to sponsor a Clinic team (advertise your company on clinic shirts)
Equipment Manager	Trophies (order, organize & disburse)	Field Prep / Liner	Soccer Nets/goals break down and/or set up
End of Season Party Coordinator – Clinic or League	Advertising (post flyers)	Coaching – Please fill out Coaching Volunteer Form	Contact me for all volunteer needs if available I will help out.