

Rockbridge Area Recreation Organization (RARO)
 300A White Street, Lexington, VA 24450
 Phone: (540) 463-9525 Infoline: (540) 463-1113
 Website: www.rarorec.org

receipt# _____

2018 YOUTH TENNIS PROGRAM
BOYS AND GIRLS AGES 6 THROUGH 17 YEARS
PARTICIPANTS AGE IS AS OF SEPTEMBER 30, 2018

DEADLINE: MAY 25, 2018

Fee for each participant is \$15.00 and is payable at time of registration.

The summer tennis program will run for 2 weeks from June 4-14, 2018. The first week tennis session will be held Monday through Thursday June 4-7 and the second week tennis session will be held on Monday through Thursday June 11-14. The sessions will start at 5:30-6:30 at the W & L lower outdoor tennis courts. The program will be run in conjunction with the Rockbridge Tennis Association (RTA), a USTA Community Tennis Association. Rackets and balls will be provided, however if you have your own racket, you may bring it to the sessions. The program is designed for any level of player, beginner to experienced player. It will feature instructional periods and also games. All participants will be grouped according to age and playing level. Tennis is a great lifetime sport, and this is an opportunity for youngsters to experience the fun and exercise this great game affords.

The RARO Board of Directors and Staff do not wish to exclude anyone from participating due to economic constraints. For this reason, if your child receives **free lunch** he/she is exempt from paying the fee, but you **MUST** provide RARO with a copy of your child's eligibility form from your school for the current year.

Players Information

Last Name:		First Name:		MI	Nick Name:	
Date of Birth (MM/DD/YYYY)				Age as of September 30 of current year :		
Mailing Address :			City:	State:	Zip Code:	
Telephone Number:			Participant resides with:			
Participants Gender: () Male () Female			Participant is resident of: () Rockbridge County () City of Lexington () Buena Vista			
Name of School/Grade:						
Does this player have any disabilities, handicaps, present injuries or limitations, allergies, heart condition, history of any respiratory illness or any other significant medical condition () Yes () No If yes, please explain:						
Physicians Name and Telephone Number:						

Mother/Guardian information

Name:	Work Number:	Cell Number:
Email Address for purpose of notifying of schedule changes and/or cancellations:		

Father/Guardian information

Name:	Work Number:	Cell Number:
Email Address:		

**BE SURE ALL QUESTIONS, BOTH FRONT AND BACK
 ARE ANSWERED SO THERE IS NO DELAY IN PROCESSING THIS FORM.**

MEDICAL: The coach or supervisor has my permission in an emergency, when I or my physician cannot be contacted, to arrange for a rescue squad to take my child to the emergency room at Stonewall Jackson Hospital at my expense. I do hereby grant permission for my son or daughter to participate in the program checked on the front of the form and release RARO, the coaches or program supervisors from any liability for damages or injuries which might be incurred during the operation of this program.

I understand that all RARO coaches are volunteers. No RARO employee or volunteer, RARO or its sponsoring institutions; or any institution or agency whose facilities are used for RARO activities will be held responsible for any injury my child might sustain. If I have any doubts about my child's physical condition, I assure RARO that he or she has been examined by a physician prior to the start of the program selected for my child.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____.

NOTICE TO PARENTS OR GUARDIAN: RARO HAS NO MEDICAL INSURANCE COVERAGE OF ANY KIND ON YOUR CHILD WHILE HE OR SHE PARTICIPATES IN A RARO EVENT. IT IS IMPORTANT THAT YOU HAVE COVERAGE AND REALIZE THERE IS THE POSSIBILITY OF INJURY IN ATHLETIC EVENTS. THIS FORM MUST BE COMPLETED AND FILED BEFORE YOUR CHILD CAN PARTICIPATE IN ANY RARO PROGRAM. COMPLETION OF THIS FORM SIGNIFIES YOUR CONSENT FOR YOUR CHILD TO PARTICIPATE AND ACKNOWLEDGES THAT RARO PROVIDES NO MEDICAL INSURANCE IN THE EVENT OF AN INJURY TO YOUR CHILD.

NAME OF YOUR INSURANCE COMPANY _____.

THE COACH OR SUPERVISOR HAS MY PERMISSION TO CALL MY FAMILY PHYSICIAN IN AN EMERGENCY WHEN I CANNOT BE CONTACTED. PHYSICIAN INFORMATION IS LISTED ON THE FRONT OF THIS FORM PARENT'S PLEASE INITIAL _____.

Parents: We need volunteer coaches. This is a chance to make a positive difference in our community. We have clinics for those who wish to coach, but don't have the training.

Yes, _____ I would like to coach Name _____.

PROGRAM PHILOSOPHY: I understand that the objective of the Rockbridge Area Recreation Organization (RARO) Program is to provide recreational opportunities that instill good citizenship, good sportsmanship, good will and good fun. The RARO athletic programs consequently place primary emphasis on full participation, balanced teams, positive coaching and officiating, and having fun. Competitive spirit is nurtured, but emphasis on winning will not overshadow the goal of providing a healthy, challenging and satisfying experience for all RARO participants. My signature below indicates that I and all family members and friends will model sportsman like behavior as a spectator at all RARO events.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____.

RARO opts in all of their players likeness and images for promotional and media material, such as Facebook and printed materials. If you prefer to **opt out** of this activity, please initial _____.

Signature of parent/guardian _____ Date _____

*****THE FORM AND REGISTRATION FEE MUST BE IN THE POSSESSION OF RARO BY THE DUE DATE. IF NOT, YOUR CHILD WILL BE PLACED ON A WAITING LIST AND EVERY EFFORT WILL BE MADE TO PLACE YOUR CHILD ON A TEAM. THANK YOU.*****

FOR OFFICE USE ONLY.

Registration form received by: _____

Date form received: _____

Total fee amount received: \$ _____

Check # _____

Cash recd. _____

Fee received by: _____

Date received: _____