

**ROCKBRIDGE AREA RECREATION ORGANIZATION (RARO)**  
300A White Street, Lexington, VA 24450  
Phone: (540) 463-9525 Infoline: (540) 463-1113  
Website: [www.rarorec.org](http://www.rarorec.org)

receipt# \_\_\_\_\_

**2018 YOUTH WRESTLING PROGRAM**  
**DEADLINE IS OCTOBER 26, 2018**

This program is offered to area youths, with age grouping listed below. The program is geared for the beginner, and no special equipment is needed. Participants should wear t-shirts, shorts and tennis shoes. Participants will be emailed or mailed a complete schedule prior to the first meeting in November.

**The fee is \$20.00 per participant.**

**A \$25.00 late fee will be applied in addition to the registration fee if registered after the deadline.**

The RARO Board of Directors and Staff do not wish to exclude anyone from participating due to economic constraints. Please contact the RARO office at 463-9525 should you have any questions regarding economic constraints. **Fees are payable at time of registration.**

**Participant's age as of September 30 of current year**

( ) Ages 5, 6

( ) Ages 7, 8, 9

( ) Ages 10, 11, 12, 13

Full Name of Child \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_  
(Street Address or Post Office Box Number)

\_\_\_\_\_, Virginia \_\_\_\_\_  
(City or Town) (Zip Code)

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Age (as of Sept. 30): \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: ( ) Male ( ) Female

Parents Name \_\_\_\_\_

I am a resident (check one) of: Rockbridge Co. \_\_\_\_\_ Lexington \_\_\_\_\_ Buena Vista \_\_\_\_\_

School your child attends: \_\_\_\_\_

Does your child have any medical problems? If so, please explain \_\_\_\_\_

The supervisors have my permission to call my family doctor in the event of an emergency.

My physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**OVER**

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 above 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.

\_\_\_\_\_  
**Parent or Guardian Signature**

**NOTICE TO PARENTS OR GURADIAN** RARO HAS NO MEDICAL INSURANCE COVERAGE OF ANY KIND ON YOUR CHILD WHILE HE OR SHE IS PARTICIPATING 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:\_\_\_\_\_.

**Program Philosophy:** I understand that the objective of the Rockbridge Area Recreation Organization (RARO) is to provide recreational opportunities that instill good citizenship, good sportsmanship, good will and good fun. 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.

**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 DEADLINE 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.\*\*\***

**RARO is hoping to significantly reduce our mailing expenses and the use of paper. We would like to save time, save money and save forests! Go to the RARO website and download the appropriate registration form to sign your son or daughter up for their chosen activity. We offer both online registration and online payment on our website at [www.rarorec.org](http://www.rarorec.org).**

**For Office Use Only**

Registration form received by: \_\_\_\_\_

Date form received: \_\_\_\_\_

Total fee amount received:\$ \_\_\_\_\_

Check# \_\_\_\_\_ Cash rec'd \_\_\_\_\_

Fee received by: \_\_\_\_\_

Date Received: \_\_\_\_\_